FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36143 **(8)**

1. Corporation Name

LAKE EOLA HEIGHTS HISTORIC NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
601 E. AMELIA STREET ~~[illegible]~~ ORLANDO FL ~~[illegible]~~ 32803-5319	601 E. AMELIA STREET ~~[illegible]~~ ORLANDO FL ~~[illegible]~~ 32803-5319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1990
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2975109 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☑ Yes ☐ No

	Principal Place of Business	Mailing Address
2. Principal Place of Business / 2a. Mailing Address	21 601 E. Amelia St	26 601 E. Amelia St.
Suite, Apt. #, etc.	22	27
City & State	23 Orlando, FL	28 Orlando, FL
Zip / Country	24 32803-5319 25 USA	29 32803-5319 30 USA

9. Name and Address of Current Registered Agent

HUNT, JAMES D.
601 E. AMELIA STREET
1505 E. COLONIAL DRIVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	~~GMOGOR, JOHN~~ Jeff Thompson	1.2 NAME	Jeff Thompson	
STREET ADDRESS	~~610 E. CONCORD ST.~~ 421A E. Amelia St.	1.3 STREET ADDRESS	421A E. Amelia St	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL	
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	MAGARIAN, GARY V.	2.2 NAME		
STREET ADDRESS	808 E. HARWOOD ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCAFFREY, JOANNROUX	3.2 NAME		
STREET ADDRESS	424 HIGHLAND AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WOODRUFF, HANNELORE S.	4.2 NAME		
STREET ADDRESS	630 E. HILLCREST ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	DT	5.1 TITLE		☐ Change ☐ Addition
NAME	HUNT, JAMES D.	5.2 NAME		
STREET ADDRESS	601 E AMELIA STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HILL, SHEILA F.	6.2 NAME		
STREET ADDRESS	216 E. CONCORD ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/13/95 407-896-0594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034777