

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38372 (1)**  
1. Corporation Name  
**ORLANDO INTERNATIONAL CENTER PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>200 SOUTH ORANGE AVENUE LEGAL DEPARTMENT ORLANDO FL 32801 US</b>	Mailing Address <b>200 SOUTH ORANGE AVENUE LEGAL DEPARTMENT ORLANDO FL 32801 US</b>
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2. Principal Place of Business <b>21 1101 N.LakeDestinyDr.</b> Suite, Apt. #, etc. <b>22 Suite 400</b> City & State <b>23 Maitland, Florida</b> Zip <b>24 32751</b>	2a. Mailing Address <b>26 1101 N.Lake Destiny Dr.</b> Suite, Apt. #, etc. <b>27 Suite 400</b> City & State <b>28 Maitland, Florida</b> Zip <b>29 32751</b>
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9. Name and Address of Current Registered Agent  
**FARRIS, KELTON M  
SUNTRUST LEGAL DEPARTMENT  
200 SOUTH ORANGE AVE.  
ORLANDO FL 32801**

3. Date Incorporated or Qualified  
**05/30/1990**

4. FEI Number  
**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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name <b>Salvador L. Leccese</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>1101 N.Lake Destiny Dr.</b>
83 Suite <b>Suite 400</b>
84 City <b>Maitland</b>
85 Zip Code <b>FL 32751</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Salvador L. Leccese* (SALVADOR L. LECCESE, PRES) 4-27-98  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SHARPE, DAVID J</b>	
STREET ADDRESS <b>200 SOUTH ORANGE AVENUE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32801</b>	
TITLE <b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FARRIS, KELTON M</b>	
STREET ADDRESS <b>200 SOUTH ORANGE AVENUE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32801</b>	
TITLE <b>DVP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HADDOCK, HENRY D</b>	
STREET ADDRESS <b>200 SOUTH ORANGE AVENUE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32801</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Salvador L. Leccese</b>	
1.3 STREET ADDRESS <b>1101 N.LakeDestinyDr. Suite 400</b>	
1.4 CITY-ST-ZIP <b>Maitland, FL 32751</b>	
2.1 TITLE <b>DST</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Christopher DelGuidice</b>	
2.3 STREET ADDRESS <b>1101 N.LakeDestinyDr. Suite 400</b>	
2.4 CITY-ST-ZIP <b>Maitland, FL 32751</b>	
3.1 TITLE <b>DVP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Donald L. Kafka</b>	
3.3 STREET ADDRESS <b>1101 N.LakeDestinyDr. Suite 400</b>	
3.4 CITY-ST-ZIP <b>Maitland, FL 32751</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *Salvador L. Leccese* (SALVADOR L. LECCESE, PRES. 4/27/98 407-422-3080)

CR2E037 (10/97)