

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90266 008 ****61.25

0014190

DOCUMENT # N38372

1. Corporation Name

ORLANDO INTERNATIONAL CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

1101 N LAKE DESTINY DR
STE 400
MAITLAND FL 32751
US

Mailing Address

1101 N LAKE DESTINY DR
STE 400
MAITLAND FL 32751
US



2. Principal Place of Business

21 2221 Lee Rd

Suite, Apt. #, etc.

22 Sk 28

City & State

23 Winter Park FL

Zip

24 32789

Country

25 USA

2a. Mailing Address

26 2221 Lee Rd

Suite, Apt. #, etc.

27 Sk 28

City & State

28 Winter Park FL

Zip

29 32789

Country

30 USA

3. Date Incorporated or Qualified

05/30/1990

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing

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Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LECCSE, SALVADOR L
1101 N LAKE DESTINY DR
STE 400
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

85 Zip Code

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SIGNATURE

Salvador Leccese

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP

STREET ADDRESS LECCSE, SALVADOR L

CITY-ST-ZIP 1101 N LAKE DESTINY DR, STE 400

MAITLAND FL 32751

TITLE ☐ DELETE

NAME DST

STREET ADDRESS DELGUIDICE, CHRISTOPHER

CITY-ST-ZIP 1101 N LAKE DESTINY DR, STE 400

MAITLAND FL 32751

TITLE ☐ DELETE

NAME DVP

STREET ADDRESS KAFKA, DONALD L

CITY-ST-ZIP 1101 N LAKE DESTINY DR, STE 400

MAITLAND FL 32751

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Salvador Leccese Pres 4/23/99 402-645-5575
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)