

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000952 (2)

1. Corporation Name

ASSOCIATION OF WEST ORANGE LANDOWNERS, INC.



Principal Place of Business

105 WEST PLANT STREET
WINTER GARDEN FL 34787

Mailing Address

P.O. BOX 770606
WINTER GARDEN FL 34777

3. Date Incorporated or Qualified
02/15/1993

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3167959

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUSTIN, LESTER
105 WEST PLANT STREET
WINTER GARDEN FL 34787

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 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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
AUSTIN, LESTER
STREET ADDRESS
105 W. PLANT ST.
CITY-ST-ZIP
WINTER GARDEN FL 34787

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
KARR, JIM
STREET ADDRESS
201 S. ORANGE AVE. STE. 1010
CITY-ST-ZIP
ORLANDO FL 32801

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
PHILLIPS, DON
STREET ADDRESS
219 FLORAL
CITY-ST-ZIP
OCFEE FL 34761

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
JUKE, RANDY
STREET ADDRESS
71 E. CHURCH ST.
CITY-ST-ZIP
ORLANDO FL 32801

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
AMON, JACK
STREET ADDRESS
219 W. OAKLAND AVE.
CITY-ST-ZIP
OAKLAND FL 34760

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
BURCH, BILLY
STREET ADDRESS
950 W. STORY RD.
CITY-ST-ZIP
WINTER GARDEN FL 34787

6.1 TITLE ☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Amon, Treasurer

3/5/96

407-656 9692

Daytime Phone #

CR2E037 (12/95)