FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N93000003152 (6)

MICHIGAN COMMERCE CENTER PROPERTY OWNERS' ASSOCI ATION, INC.

						- 			
Principal Place of Business Mailing Address						1 inmitimt firft fåren tiete fiftie afice a	9 11) 9 01)(00	146 iliki maki	Einia iini iadi
501 E. JACKSON ST. 501 E. JACKSON ST.									
2ND FLOOR		2ND FLOOR				Ì			
ORLANDO FL 32901 ORLANDO FL			FL 32901-2659			3. Date Incorporated or Qualified	3e Dal	te of Last F	Report
						07/14/1993		12/13/19	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	·		oplied For
21		26				59-3322991			ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	E Carlonda of Contra Davier d			Additional
22		27				5. Certificate of Status Desired	ш		equired
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			to Fees
Ζιρ	Country	Zip	Cour	ntry		8. This corporation has liability for in			. 199.032,
24	25 29 30		30			Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent			<u> </u>	10. Name and Address of New Reg	istered A	gent	<u></u>
			l'	61	Name				
SCHIEFERDECKER, HOWARD A			į.	82	Street Addre	ss (P.O. Box Number is Not Acceptable	e)		
501 E. JACKSON ST.			Ļ						
2ND FL	OOR			83					
ORLANI	DO FL 32901		<u> </u>	64	City			85 Zip	Code
				Ì	,		FL	1 '	
11. Pursuant	to the provisions of Sections 617 0502	and 617.1508, Florida Statu	ites, the ab	ove	-named corpo	oration submits this statement for the pon's board of directors. I hereby accep	urpose of	changing i	ts registered
agent. La	in) familiar with, and accept the obliga	tions of, Section 617.0503, F	lorida Statu	ites		on's board of directors. Thereby accep	r me app	mumers as	10Alèroion
SIGNATURE									
O'GIV'I O'IL	Signature typed or printed name of registered agen		TE: Registered	Ager	nt signalure required		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	DELETE	1.1 7(1)		l		l	Change	Addition Addition
NAME	SCHIEFERDECKER, HOWARD	A	1.2 NA	ME	- 1				
STREET ADDRESS	501 E. JACKSON ST.		1.3 STR	REET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CIT	1.4 CITY-ST-ZIP					
TITLE	D	-		2.1 TITLE				Change	Addition
NAME	SIPKEMA, ROBERT W		2.2 NA	2.2 NAME					
STREET ADDRESS	305 W. BASS ST.		2.3 STR	REET	ADDRESS				
CITY - ST - ZIP	KISSIMMEE FL 34741		2.4 CIT	TY-S	T-ZIP				
TITLE	D	DELETE	3 1 117	LE	Į			Change	Addition
NAME	GRABER, SAM		3.2 NAI	ME					
STREET ADDRESS	2836 N. MICHIGAN AVENUE		3.3 STF	IEET .	ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34744		3.4. CIT	[Y-\$	T-ZIP		·		
TITLE		☐ DELETE	4.1 TITI	LE				Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-\$1	T-ZIP				
TITLE		DELETE	5.1 TIT	LE				Change	Addition
NAME			5.2 NA)	ME					
STREET ADDRESS			5.3 STF	HEET.	ADDRESS				
CITY - ST - ZIP		-	5.4 CIT	Y-\$1	T-ZIP _				
TITLE		DELETE	6.1 TIT					Change	Addition
NAME			6.2 NAI	ME					
STREET ADDRESS			6.3 STF	REET	ADDRESS				

14. I do 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.

64 CITY-ST-ZIP

SIGNATURE: 7 Howard A. Schleferdecker 1)

3/20/57

(407) 893-1862

FILED

Mar 26 1997 8:00am

Secretary of State