

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 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 # **N93000004951 (0)**

1. Corporation Name

**FIPA REGION #7, INC.**



Principal Place of Business <b>1999 W COLONIAL DR STE 209 ORLANDO FL 32804 US</b>		Mailing Address <b>1999 W COLONIAL DR STE 209 ORLANDO FL 32804 US</b>		3. Date Incorporated or Qualified <b>11/03/1993</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3214948</b>	
23 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDON, COLIN J MD  
1999 W. COLONIAL DR  
SUITE 209  
ORLANDO FL 32804**

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

**FL**

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	D	1.1 TITLE	D
NAME	<b>FARRELL, JAMES F MD</b>	1.2 NAME	<b>Perry Farb</b>
STREET ADDRESS	<b>1814 LUCERNE TERRACE</b>	1.3 STREET ADDRESS	<b>590 Ruby Ct.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>Maitland, FL 32751</b>
TITLE	DS	2.1 TITLE	
NAME	<b>GARCIA-PIEDRA, ORLANDO</b>	2.2 NAME	
STREET ADDRESS	<b>2799 MARSH WREN CIR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	<b>HENNINGSEN, HERALD M</b>	3.2 NAME	
STREET ADDRESS	<b>604 OAK COMMONS BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	O	4.1 TITLE	
NAME	<b>CONDON, COLIN J</b>	4.2 NAME	
STREET ADDRESS	<b>414 N MILLS AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE:

**Colin Condon**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/98**  
Date

**407-843-1613**  
Daytime Phone #

CR2E037 (10/97)