

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005356 (1)

1. Corporation Name

COLONIAL TOWN CENTER BUSINESS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

999 WOODCOCK ROAD
SUITE 312
ORLANDO FL

999 WOODCOCK ROAD
SUITE 312
ORLANDO FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/22/1993

3a. Date of Last Report
08/10/1994

4. FEI Number
59-3217153

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOEQUIST, CHARLES E
3191 MAGUIRE BLVD.
SUITE 167
ORLANDO FL 32803**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CETRONE, DAN**
STREET ADDRESS **999 WOODCOCK RD., STE. 312**
CITY - ST - ZIP **ORLANDO FL**

TITLE **D**
NAME **HOBBS, ERIC**
STREET ADDRESS **820 HUMPHRIES AVE**
CITY - ST - ZIP **ORLANDO FL 32803**

TITLE **D**
NAME **DUDLEY, DONALD**
STREET ADDRESS **P.O. BOX 140875 N/A**
CITY - ST - ZIP **ORLANDO FL 32814**

TITLE **D**
NAME **TIPTON, WILLIAM E SR**
STREET ADDRESS **760 MAGUIRE BLVD.**
CITY - ST - ZIP **ORLANDO FL 32803**

TITLE **T**
NAME **FOSTOFF, ELLEN**
STREET ADDRESS **999 WOODCOCK RD., STE. 312**
CITY - ST - ZIP **ORLANDO FL**

TITLE
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 **Delete -**
2.3 STREET ADDRESS **Resigned**
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 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:

Ellen Fostoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen Fostoff

4/26/95

894-7842