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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

11/22/1993

4. FEI Number

59-3217153

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1040 Woodcock Rd

26 1040 Woodcock Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 214

27 214

City & State

City & State

23 Orlando FL

28 Orlando FL

24 32803

Country

29 32803

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 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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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

1040 Woodcock Rd, Ste 214

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1040 Woodcock Rd, Ste 214

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

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

4/29/98

Date

407-894-7842

Daytime Phone # 0018174

CR2E037 (10/97)