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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N94000000947 (1)**

1. Corporation Name

TRI-COUNTY LEAGUE OF CITIES, INC.



Principal Place of Business

Mailing Address

**14545 SAWGRASS DR
CLERMONT FL 34711
US**

**P.O. BOX 990
OCOOEE FL 34761-0990**

3. Date Incorporated or Qualified
02/21/1994

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0534661

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

**PLEUS, ROBERT J JR.
940 HIGHLAND AVENUE
ORLANDO FL 32803**

81 Name

Robert J Pleus Jr

82 Street Address (P.O. Box Number is Not Acceptable)

Akerman, Senterfitt & Eidson, P A

83

255 / South Orange Avenue

84 City

Orlando,

FL

85 Zip Code

32802

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

Robert J Pleus Jr

April 25, 1997

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 **PD HAUCK, RUSS**
STREET ADDRESS **14545 SAWGRASS DR**
CITY-ST-ZIP **CLERMONT FL**

1.1 TITLE Change Addition
1.2 NAME **PD BREAUX, ROBERT**
1.3 STREET ADDRESS **14545 Sawgrass Drive**
1.4 CITY-ST-ZIP **Clermont, FL**

TITLE DELETE
NAME **VD BREAUX, ROBERT**
STREET ADDRESS **14545 SAWGRASS DR**
CITY-ST-ZIP **CLERMONT FL**

2.1 TITLE Change Addition
2.2 NAME **VD RUSSELL, KATHY**
2.3 STREET ADDRESS **14545 Sawgrass Drive**
2.4 CITY-ST-ZIP **Clermont, FL**

TITLE DELETE
NAME **VD BRINKMAN, RICHARD**
STREET ADDRESS **14545 SAWGRASS DR**
CITY-ST-ZIP **CLERMONT FL**

3.1 TITLE Change Addition
3.2 NAME **VD HAND, WILLIAM**
3.3 STREET ADDRESS **14545 Sawgrass Drive**
3.4 CITY-ST-ZIP **Clermont, FL**

TITLE DELETE
NAME **D HAND, BILL**
STREET ADDRESS **14545 SAWGRASS DR**
CITY-ST-ZIP **CLERMONT FL**

4.1 TITLE Change Addition
4.2 NAME **D ADY, LARRY**
4.3 STREET ADDRESS **14545 Sawgrass Drive**
4.4 CITY-ST-ZIP **Clermont, FL**

TITLE DELETE
NAME **D LANGELLOTTI, JOHN**
STREET ADDRESS **14545 SAWGRASS DR**
CITY-ST-ZIP **CLERMONT FL**

5.1 TITLE Change Addition
5.2 NAME **D GRANT, ANTHONY**
5.3 STREET ADDRESS **14545 Sawgrass Drive**
5.4 CITY-ST-ZIP **Clermont, FL**

TITLE DELETE
NAME **D RUSSELL, KATHY**
STREET ADDRESS **14545 SAWGRASS DR**
CITY-ST-ZIP **CLERMONT FL**

6.1 TITLE Change Addition
6.2 NAME **D LANGELLOTTI, JOHN**
6.3 STREET ADDRESS **14545 Sawgrass Drive**
6.4 CITY-ST-ZIP **Clermont, FL**

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.

SIGNATURE:

William A Breaux Jr
WILLIAM A BREAUX JR, EXECUTIVE DIRECTOR

April 25 97 (552) 394-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070344

CR2E037 (9/96)