


FILE NOW: FILING FEE IS \$61.25

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**May 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000947 (1)
1. Corporation Name
TRI-COUNTY LEAGUE OF CITIES, INC.



Principal Place of Business 14545 SAWGRASS DR CLERMONT FL 34711 US	Mailing Address P.O. BOX 900 OCOOE FL 34761
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3. Date Incorporated or Qualified 02/21/1994	
4. FEI Number 65-0534661	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

2. Principal Place of Business 21 817 Chicago Avenue	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocoee, Florida	City & State 28
Zip 24 34761	Country 25 USA
Country 29	Zip 30

9. Name and Address of Current Registered Agent
**PLEUS, ROBERT J JR.
AKERMAN, SENTERFIT, & EIDSON, P.A.
255 SOUTH ORANGE AVE.
ORLANDO FL 32802**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HAUCK, RUSS <input type="checkbox"/> DELETE	1.1 TITLE PD	RUSSELL, KATHY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS 14545 SAWGRASS DR		1.3 STREET ADDRESS 817 Chicago Avenue	
CITY-ST-ZIP CLERMONT FL		1.4 CITY-ST-ZIP Ocoee, FL 34761	
TITLE VD	BREAUX, ROBERT <input type="checkbox"/> DELETE	2.1 TITLE VD	HAND, WILLIAM <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS 14545 SAWGRASS DR		2.3 STREET ADDRESS 817 Chicago Avenue	
CITY-ST-ZIP CLERMONT FL		2.4 CITY-ST-ZIP Ocoee, FL 34761	
TITLE VD	BRINKMAN, RICHARD <input type="checkbox"/> DELETE	3.1 TITLE VD	SANGIOVANNI, GLENN <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS 14545 SAWGRASS DR		3.3 STREET ADDRESS 817 Chicago Avenue	
CITY-ST-ZIP CLERMONT FL		3.4 CITY-ST-ZIP Ocoee, FL 34761	
TITLE D	HAND, BILL <input type="checkbox"/> DELETE	4.1 TITLE D	ADY, LARRY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS 14545 SAWGRASS DR		4.3 STREET ADDRESS 817 Chicago Avenue	
CITY-ST-ZIP CLERMONT FL		4.4 CITY-ST-ZIP Ocoee, FL 34761	
TITLE D	LANGELLOTTI, JOHN <input type="checkbox"/> DELETE	5.1 TITLE D	PRONOVOST, BRUCE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS 14545 SAWGRASS DR		5.3 STREET ADDRESS 817 Chicago Avenue	
CITY-ST-ZIP CLERMONT FL		5.4 CITY-ST-ZIP Ocoee, FL 34761	
TITLE D	RUSSELL, KATHY <input type="checkbox"/> DELETE	6.1 TITLE D	NEALOR, DAVID <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS 14545 SAWGRASS DR		6.3 STREET ADDRESS 817 Chicago Avenue	
CITY-ST-ZIP CLERMONT FL		6.4 CITY-ST-ZIP Ocoee, FL 34761	

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: *[Signature]*
WILLIAM A. HAND, EXECUTIVE DIRECTOR

April 27, 1998 (407) 656-6613

CR2E037 (10/97)