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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N94000004189 (6) DOCUMENT # 1. Corporation Name

201 NORTH CLYDE MORRIS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

FILED Feb 03 1997 8:00am Secretary of State



2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Suite, Apt. #, etc. 2. City & State 2. B. This corporation has liability for intengible to Priorida Statutes 2. Priorida Statutes 2. Priorida Statutes 3. Name and Address of Current Registered Agent 3. Name and Address of New Registered Agent 4. FEI Number 3. Country 3. Country 3. Country 3. Country 4. B. This corporation has liability for intengible to Priorida Statutes 3. Priorida Statutes 3. Name 4. Name and Address of New Registered Agent 4. Name 4. Name and Address of New Registered Agent 4. Name 4. Name and Address of New Registered Agent 4. Name 4. Name and Address of New Registered Agent 5. City 5. City 5. City 6. Election Campaign Financing 7. Trust Fund Contribution 7. Name and Address of New Registered Agent 6. Election Campaign Financing 7. Trust Fund Contribution 7. Name and Address of New Registered Agent 7. Name 8. This corporation has liability for intengible to Priorida Statutes 8. Sirved Address (P.O. Box Number is Not Acceptable) 8. Sirved Address (P.O. Box Number is Not Acceptable) 8. Signature typed agent	\$8.7 Fee \$5. Add ax under No gent	Zip Code ing its regist as regist	For olicable onal d Be as 032,
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KANAN, BRADFORD 1325 W. COLONIAL DR., SUITE 200 ORLANDO FL 32803 B4 City 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 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 appose agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appose agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appose of 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 appose of office or registered agent and to fire applicable (NOTE Registered Agent signature required when relinating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND INTELED TO THE TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE VD DELETE 11. TITLE VD DELETE 11. STREET ADDRESS CITY-ST-2IP TRACEY, RICHARD J 1325 W. COLONIAL DR. DELETE 21. TITLE NAME TRACEY, RICHARD J 1325 W. COLONIAL DR. DELETE 31. TITLE NAME TRACEY, RICHARD J 32. NAME SIREET ADDRESS STREET ADDRESS	85 changir	ing its regis nt as regist	istered tered
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NAME WILLIAMS, JOSEPH M 62 NAME		. –	
STREET ADDRESS 1325 W. CONLONIAL DR. 63 STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL 32804			

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 attach and the same legal effect as if made under oath; that