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Feb 03 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 # N94000004189 (6)

1. Corporation Name

201 NORTH CLYDE MORRIS CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

1325 W. COLONIAL DR., SUITE 200
ORLANDO FL 32803

Mailing Address

1325 W. COLONIAL DR., SUITE 200
ORLANDO FL 32804-7157



3. Date Incorporated or Qualified
08/25/1994

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

4. FEI Number
59-3304482

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANAN, BRADFORD
1325 W. COLONIAL DR., SUITE 200
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	PD	<input type="checkbox"/> DELETE
NAME	KANAN, BRADFORD S	
STREET ADDRESS	1325 W. COLONIAL DR., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TRACEY, RICHARD J	
STREET ADDRESS	1325 W. COLONIAL DR.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRACEY, RICHARD J	
STREET ADDRESS	1325 W. COLONIAL DR., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANG, DANIEL	
STREET ADDRESS	1325 W. COLONIAL DR., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, PAUL M	
STREET ADDRESS	1325 W. COLONIAL DR., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOSEPH M	
STREET ADDRESS	1325 W. CONLONIAL DR.	
CITY-ST-ZIP	ORLANDO FL 32804	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Joseph M Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97 407-425-8454
Date Daytime Phone # 0016816

CR2E037 (9/96)