

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

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

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

FILED
Sep 17 1998 8:00am³
Secretary of State



3. Date Incorporated or Qualified

08/25/1994

4. FEI Number

59-3304482

Applied For

Not Applicable

2. Principal Place of Business

21 201 N. Clyde Morris Blvd.

Suite, Apt. #, etc.

2a. Mailing Address

26 Post Office Box 2830

Suite, Apt. #, etc.

City & State

23 Daytona Beach, FL

Zip

32114

Country

25 USA

City & State

28 Daytona Beach, FL

Zip

32120

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

David J. Davidson

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

303 North Clyde Morris Boulevard

83

84 City

Daytona Beach

FL

85

Zip Code

32114

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

David J. Davidson
Signature, typed or printed name of registered agent and title if applicable.

DAVID J. DAVIDSON

(NOTE: Registered Agent signature required when reinstating)

8/5/98
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME KANAN, BRADFORD S
STREET ADDRESS 1325 W. COLONIAL DR., SUITE 200
CITY-ST-ZIP ORLANDO FL 32803

TITLE VD ☒ DELETE
NAME TRACEY, RICHARD J
STREET ADDRESS 1325 W. COLONIAL DR.
CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☒ DELETE
NAME TRACEY, RICHARD J
STREET ADDRESS 1325 W. COLONIAL DR., SUITE 200
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ DELETE
NAME LANG, DANIEL
STREET ADDRESS 1325 W. COLONIAL DR., SUITE 200
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ DELETE
NAME GOLDBERG, PAUL M
STREET ADDRESS 1325 W. COLONIAL DR., SUITE 200
CITY-ST-ZIP ORLANDO FL 32803

TITLE ST ☒ DELETE
NAME WILLIAMS, JOSEPH M
STREET ADDRESS 1325 W. COLONIAL DR.
CITY-ST-ZIP ORLANDO FL 32804

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 303 North Clyde Morris Blvd.
4.4 CITY-ST-ZIP Daytona Beach, FL 32114

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 201 North Clyde Morris Blvd.
5.4 CITY-ST-ZIP Daytona Beach, FL 32114

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Davidson, David J.
6.3 STREET ADDRESS 303 North Clyde Morris Boulevard
6.4 CITY-ST-ZIP Daytona Beach, FL 32114

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

9/4/98 (904) 254-4000

CR2E037 (5/98)