

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000004638 (2)**

1. Corporation Name

**THE PORCHES OF COLLEGE PARK HOMEOWNERS ASSOCIATION, INC.**



200001886472  
-07/08/96--01059--020

\*\*\*61.25

3. Date Incorporated or Qualified **09/16/1994** 3a. Date of Last Report **09/05/1995**

Principal Place of Business Mailing Address  
**425 W COLONIAL DR. 301 ORLANDO FL 32804**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. **227 Emory Place** 26 Suite, Apt. #, etc. **227 Emory Place**  
22 City & State **Orlando, FL** 27 City & State **Orlando, FL**  
23 Zip **32804** Country **USA** 29 Zip **32804** 30 Country **USA**

4. FEI Number **59-3273550** 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

**ANDERSON, FRANK N JR**  
**425 W COLONIAL DR, 301**  
**ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name **Jim Taylor**  
82 Street Address (P.O. Box Number is Not Applicable) **227 Emory Place**  
83  
84 City **Orlando** FL 85 Zip Code **32804**

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 *Jim Taylor* *Jim Taylor* *6-9-94*

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

(NOTE: Registered agent signature required when translating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>President</b>
NAME	<b>ANDERSON, FRANK N</b>	1.2 NAME	<b>Jim Taylor</b>
STREET ADDRESS	<b>425 W COLONIAL DR, 301</b>	1.3 STREET ADDRESS	<b>227 Emory Place</b>
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL 32804</b>
TITLE	<b>T</b>	2.1 TITLE	<b>Secretary</b>
NAME	<b>REECE, PHIL</b>	2.2 NAME	<b>Susie Townsend</b>
STREET ADDRESS	<b>17 S. MAGNOLIA AVE.</b>	2.3 STREET ADDRESS	<b>220 West Orlando St.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	2.4 CITY-ST-ZIP	<b>Orlando, FL 32804</b>
TITLE	<b>T</b>	3.1 TITLE	<b>Treasurer</b>
NAME	<b>COOPER, J. FENIMORE</b>	3.2 NAME	<b>Diana Thedieck</b>
STREET ADDRESS	<b>17 S. MAGNOLIA AVE.</b>	3.3 STREET ADDRESS	<b>214 West Orlando St.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	3.4 CITY-ST-ZIP	<b>Orlando, FL 32804</b>
TITLE		4.1 TITLE	<b>D</b>
NAME		4.2 NAME	<b>Sherry Vanderwerken</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>312 W. Orlando St.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Orlando, FL 32804</b>
TITLE		5.1 TITLE	<b>D</b>
NAME		5.2 NAME	<b>Gene Breeze</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>223 Emory Pl.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Orlando, FL 32804</b>
TITLE		6.1 TITLE	<b>D</b>
NAME		6.2 NAME	<b>Ted Seater</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>218 W. Orlando St.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Orlando, FL 32804</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra M. Morthym* 4/24/94 407-661-3325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)