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Mar 18 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 # N94000004638 (2)
1. Corporation Name
THE PORCHES OF COLLEGE PARK HOMEOWNERS ASSOCIATI
ON, INC.

Principal Place of Business Mailing Address
227 EMORY PLACE 227 EMORY PLACE
ORLANDO FL 32804 ORLANDO FL 32804-5415



2. Principal Place of Business 2a. Mailing Address
i Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 09/16/1994 3a. Date of Last Report 05/01/1996
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
TAYLOR, JIM N JR
227 EMORY PLACE
ORLANDO FL 32804

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 617.01-02 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, JIM	
STREET ADDRESS	227 EMORY PLACE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TOWNSEND, SUSIE	
STREET ADDRESS	220 W ORLANDO ST	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THE DIECK, DIANA	
STREET ADDRESS	214 W ORLANDO ST	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANDERWERKEN, SHERRY	
STREET ADDRESS	212 W ORLANDO ST	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREEZE, GENZ	
STREET ADDRESS	223 EMORY PLACE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEATER, TED	
STREET ADDRESS	218 W ORLANDO ST	
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 _____ DATE 3-16-97 402612 3925

CR2E037 (9/96)