FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** # N94000004638 (2)

THE PORCHES OF COLLEGE PARK HOMEOWNERS ASSOCIATI

Apr 13 1998 8:00am					
Secretary of State					

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ON, INC.]	<u> </u>	
Principal Place of Business	noss Mailing Address		- I ODPINIBE DED PORK DIGGE BOARD DOARD BOARD FORMER I	nent Gibia bisan disah nent Cebi	
227 EMORY PLACE ORLANDO FL 32904	227 EMORY PLACE ORLANDO FL 32804		3. Date Incorporated or Qualified 09/16/1994		
			4. FEI Number 59-3273550	Applied For Not Applicable	
2. Principal Place of Business 21 229 Enory Ruce	26. Mailing Address 26 20 Cm	ony lace	E Cortificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State 23 ORLANDO FC	City & State REANDO, FC		7. Is this nonprofit corporation a homeowhers association? Wes No		
24 328 4 25 Ceange	29 3 2804 30 C	ountry X	This corporation owes or has paid the cu Personal Property Tax due June 30.	urrent year Intangible Yes No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
-11/1 AD MA 11 AD		81 Name	ASTOPHEN DEVENEU		
TAYLOR, JIM N JR 227 EMORY PLACE		82 Street Addres	ss (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32804		83			
			impo Fl	85 Zip Code 32-80x4	
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 changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, applications of Section 617.0503, Florida Statutes.					

SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE 1.1 TITLE TAYLOR, JIM NAME 1.2 NAME 227 EMORY PLACE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE TOWNSEND, SUSIE NAME 2.2 NAME STREET ADDRESS 220 W ORLANDO ST 2.3 STREET ADDRESS ORLANO FL 32804 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE THEDIECK, DIANA 3.2 NAME 214 W ORLANDO ST STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME VANDERWERKEN, SHERRY 4. 2 NAME 212 W ORLANDO ST STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE Change 5.1 TITLE Addition TITLE BREEZE, GENZ NAME 5.2 NAME 223 EMORY PLACE STREET ADDRESS 5.3 STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE SEATER, TED 6.2 NAME NAME 218 W ORLANDO ST STREET ADDRESS 6.3 STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP 6.4 CITY-ST-ZIP

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: