

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 FEB 22 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004638

1. Corporation Name
THE PORCHES OF COLLEGE PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 229 EMORY PLACE ORLANDO FL 32804 US	Mailing Address 229 EMORY PLACE ORLANDO FL 32804 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/16/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3273550
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

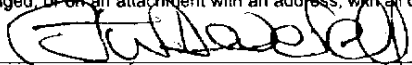
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEVEREU, CHRISTOPHER 229 EMORY PLACE ORLANDO FL 32804		81 Name	85 Zip Code
CORRECT SPELLING DEVERELL		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, SUSIE	1.2 NAME	
STREET ADDRESS	220 W ORLANDO ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEDIECK, DIANA	2.2 NAME	
STREET ADDRESS	214 W ORLANDO ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERWERKEN, SHERRY	3.2 NAME	
STREET ADDRESS	212 W ORLANDO ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREEZE, GENZ	4.2 NAME	
STREET ADDRESS	223 EMORY PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEATER, TED	5.2 NAME	
STREET ADDRESS	218 W ORLANDO ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:  DATE: Feb 6, 1999 (42) 306 6286

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CR2E037 (1/98)