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FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005097 (9)**

1. Corporation Name

H4 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**255 SO. ORANGE AVENUE STE 800
ORLANDO FL 32801**

**255 SO. ORANGE AVENUE STE 800
ORLANDO FL 32801**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/27/1995

4. FEI Number

59-3347833

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

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

10. Name and Address of New Registered Agent

**SMITH, W K
255 SO. ORANGE AVENUE STE 800
ORLANDO FL 32801**

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 617.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BACHELOR, DICK	
STREET ADDRESS	201 SO. ORANGE AVENUE STE 1017	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BATES, DUDLEY	
STREET ADDRESS	225 NEWBURYPORT AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEDINGFIELD, JEFF	
STREET ADDRESS	5401 WEST OAK RIDGE ROAD	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, MICHAEL D	
STREET ADDRESS	6200 INTERNATIONAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819-8239	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BREAUX, ROBERT	
STREET ADDRESS	1776 INDEPENDENCE LANE	
CITY-ST-ZIP	MAITLAND FL	

TITLE	SO	<input type="checkbox"/> DELETE
NAME	SMITH, W. KELLY	
STREET ADDRESS	255 S. ORANGE AVENUE, SUITE 800	
CITY-ST-ZIP	ORLANDO FL 32801	

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 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:

W. Kelly Smith

1/9/98

(407) 843-7300

CR2037 (10/97)