SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary *** fate **
DIVISION OF CORPORATIONS

DOCUMENT # N9600001647 (4)

WINTER PARK COMMERCE CENTER, A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED Aug 12 1997 8:00am Secretary of State



Thropart lace of business		Mailing Address		. saarriat are sours alter antil antil dette defte aniet binte nitti eint 1001
6976 ALOMA AVENUE		6976 ALOMA AVENUE		
WINTER PARK FL 32792		WINTER PARK FL 32792		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 3a. Date of Last Report
				03/21/1996
2. Principal Place of Business		2a. Mailing Address	CUSS	4. FEI Number Applied For
	in proc	26 P.O. BOY	5420	59 - 337 4334 Not Applicable
Sulfe, Apt. #, etc. 22 SUITE 5		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State		City & State		A 51 11 0 11 5 11 11 A 50 A
23 WINTER PAR		28 WINTER G	DARK !	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
	untry DRINNGE	Zip 29 3みフィろ	Country 30 ORAW	8. This corporation owes or has paid the current year Intangible
9, Name and Ad	Personal Property Tax due June 30. 12 Yes No 10. Name and Address of New Registered Agent			
81 Name				
ADŘINS, B G				
6976 ALOMA AVENUE			et Address (P.O. Box Number is Not Acceptable)	
WINTER PARK FL 32792			0.2	
			 	suite 5
			84 City	NUMBER PAVEK, FL 85 Zip Code 2 7792
11. Pussuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named comportion submits this statement for the purpose of phagoing its registrated				
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	uly D.	alle Bu	RLGY 6. AD	
Signature, typed of printed name of impedied agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
151010 5.0		☐ DELETE	1.1 TITLE	PD Change Addition
A874 11 ALIA 4	MEAN AC		1.2 NAME	100 100 100
MARKED DADY			1.3 STREET ADDRESS	` `
TITLE VD	LL SEIBE	DELETE	1.4 CITY-ST-ZIP	
BRENNER, CHA	ARI ES	ניין טנננונ	2.1 TITLE 2.2 NAME	V PRIZENTAL, CHARLES DE Change Addition
STREET ADDRESS 6976 ALOMA A				The total arch hims bug souths
CITY-ST-ZIP WINTER PARK			2.3 STREET ADDRESS	WINTER PARK, FL 32792
TITLE STD	* L OFFOL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	
NAME HUBBS, HAYNE	S	<u> </u>	3.2 NAME	140886, HAYNES
STREET ADDRESS POST OFFICE			3.3 STREET ADDRESS	Compare Compare
CITY-ST-ZIP CAMDEN TN			3.4. CITY-ST-ZIP	Church tens 38320
TITLE D		DELETE	4.1 TITLE	Change Addition
NAME HUBBS, LINDA		- -	4. 2 NAME	HUBBS, LYPPA P.O. BOY BUT
STREET ADDRESS POST OFFICE	BAY PAG ALIA			
CITY-ST-ZIP CAMDEN TN	BUX 522 N/A		4.3 STREET ADDRESS	Provided par
C111-21-E11	BUX 255 N/W		4.3 STREET ADDRESS	camber item 38330 MA
TITLE D	BUX 522 N/A	DELETE	4.4 CITY - ST - ZIP	CAMOEN ITENU 38330 MIT
		DELETE		CAMOEN ITENU 38330 MIT
TITLE D		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	CAMDENITEN SB300 MIT HUBBS, JAMES P.O. BOX B47
TITLE D NAME HUBBS, JAMES		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	CAMDENITEND SO 330 MIT HUBBS, JAMES P.O. BOX BUT
TITLE D NAME HUBBS, JAMES STREET ADDRESS POST OFFICE (☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	CAMBENITEND SB330 MIT HUBBS, JAMES P.O. BOX BUT CAMBENITEND SB330 MIA
TITLE D NAME HUBBS, JAMES STREET ADDRESS CITY-ST-ZIP CAMDEN TN			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CAMDENITEN SB300 MIT HUBBS, JAMES P.O. BOX B47
TITLE D NAME HUBBS, JAMES STREET ADDRESS POST OFFICE (CAMDEN TN TITLE			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	CAMDENITEND SB330 MIT DICHANGE Addition P.O. BOX BUT CAMOENITH 38330 N/A Change Addition
TITLE D HUBBS, JAMES POST OFFICE (CAMDEN TN) TITLE NAME			4.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP 6.1 TITLE	CAMDENITEND SO 330 MIT DUCHANGE Addition P.O. BOX BUT CAMOENITE SO 330 MIT CAMOENITE SO 330 MIT Change Addition

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.