

FILE NOW: FILING FEE IS \$61.25

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90008 020 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 96 00000 1647 (4) ✓			
1. Corporation Name WINTER PARK COMMERCE CENTER, A CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3586 ALOMA AVE SUITE 5 WINTER PARK FL 32792		Mailing Address 890 E. LAKE SUE AVE WINTER PARK FL 32789	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/21/1996	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3374334	Applied For - Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent ADKINS, BURLY G. 890 E. LAKE SUE AVE WINTER PARK, FL 32789		10. Name and Address of Now 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 617.0502 and 617.1504, 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)	
Signature, typed or printed name of registered agent and title if applicable		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, B.G.	1.2 NAME	
STREET ADDRESS	890 EAST LAKE SUE AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK, FL 32789	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNER, CHARLES	2.2 NAME	
STREET ADDRESS	3586 ALOMA AVE, SUITE 5	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32792	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBS, HAYNES	3.2 NAME	
STREET ADDRESS	P.O. BOX 847	3.3 STREET ADDRESS	
CITY - ST - ZIP	CAMDEN, TENN 38320	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBS, LYNDIA	4.2 NAME	
STREET ADDRESS	P.O. BOX 847	4.3 STREET ADDRESS	
CITY - ST - ZIP	CAMDEN TENN 38320	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBS, JAMES	5.2 NAME	
STREET ADDRESS	P.O. BOX 847	5.3 STREET ADDRESS	
CITY - ST - ZIP	CAMDEN, TENN 38320	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	

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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: Burlly G. Adkins Date: 4-30-99 Daytime Phone #: (407) 628-5458
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR