

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$1.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001971 (7)

1. Corporation Name

ARLINGTON-CONCORD NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

713 WEST ARLINGTON STREET
ORLANDO FL 32805

Mailing Address

713 WEST ARLINGTON STREET
ORLANDO FL 32805

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip Country

9. Name and Address of Current Registered Agent

RUTBERG, GERALD S
670 NORTH ORLANDO AVENUE
SUITE 1004A
MAITLAND FL 32751

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 type for product name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when constituting)

DATE

12 OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	JENSON, BRUCE	
STREET ADDRESS	4113 FAIRVIEW VISTA POINT #209	
CITY-STATE-ZIP	ORLANDO FL 32804	
TITLE	D	[] DELETE
NAME	LABATO, PAUL	
STREET ADDRESS	605 WESTMORELAND	
CITY-STATE-ZIP	ORLANDO FL 32805	
TITLE	D	[] DELETE
NAME	MANTHEY, RANDY	
STREET ADDRESS	807 WEST CONCORD STREET	
CITY-STATE-ZIP	ORLANDO FL 32805	
TITLE	D	[] DELETE
NAME	POWELL, KELLY	
STREET ADDRESS	713 WEST ARLINGTON STREET	
CITY-STATE-ZIP	ORLANDO FL 32805	
TITLE	D	[] DELETE
NAME	ROGERS, MARY B	
STREET ADDRESS	742 WEST ARLINGTON STREET	
CITY-STATE-ZIP	ORLANDO FL 32805	
TITLE	D	[] DELETE
NAME	WINGERTER, CAROL	
STREET ADDRESS	821 WEST ARLINGTON STREET	
CITY-STATE-ZIP	ORLANDO FL 32805	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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*****75.00 *****75.00

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 to this address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)