

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 715119

(4)

1. Corporation Name

DELROY PARK ASSOCIATION, INC.



Principal Place of Business

311 WEST TROTTERS DRIVE
MAITLAND FL 32751

Mailing Address

311 WEST TROTTERS DRIVE
MAITLAND FL 32751

3. Date Incorporated or Qualified
08/16/1968

3a. Date of Last Report
06/19/1995

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

10. Name and Address of New Registered Agent

KAHN, LEON
311 WEST TROTTERS DRIVE
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 X

Leon Kahn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME CARTER, PRESTON
STREET ADDRESS 400 W. TROTTERS DR.
CITY-ST-ZIP MAITLAND FL
☒ DELETE

1.1 TITLE PD
1.2 NAME *Ronald Gennell*
1.3 STREET ADDRESS 381 W. Trotters
1.4 CITY-ST-ZIP Maitland FL 32751
☐ Change ☐ Addition

TITLE VD
NAME CASCIO, JOSEPH
STREET ADDRESS 480 E TROTTERS DR.
CITY-ST-ZIP MAITLAND, FL 00000
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE PD
NAME COOPER, TERRY
STREET ADDRESS 911 S. TROTTERS
CITY-ST-ZIP MAITLAND FL
☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE SD
NAME DAVISON, JOAN
STREET ADDRESS 350 E. TROTTERS DR
CITY-ST-ZIP MAITLAND FL
☒ DELETE

4.1 TITLE *SD*
4.2 NAME *Bethie Russell*
4.3 STREET ADDRESS 311 E Trotters
4.4 CITY-ST-ZIP Maitland FL 32751
☐ Change ☐ Addition

TITLE T
NAME ST. JOHN, JOHN
STREET ADDRESS 910 PACE AVE
CITY-ST-ZIP MAITLAND FL
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X

John St. John
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-03-95 407/875-8200

407/644-1142

CR2E037 (12/95)