


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90072 007 ****61.25

DOCUMENT # 715680

1. Entity Name
 NORTHWEST ORANGE COUNTY IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
 4253 PONCAN ROAD
 P.O. BOX 786
 ZELLWOOD, FL 32798-7786

Mailing Address
 4253 PONCAN ROAD
 P.O. BOX 786
 ZELLWOOD, FL 32798-7786



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01082004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 59-2022527

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STATTON, MICHAEL
 32239 WOLFBRANCH LANE
 SORRENTO, FL 32776

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)

Filing Fee is \$61.25 Due by May 4, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, DAVID 1223 USTLER RD. APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, GARRY 222 N KELLY PARK RD APOPKA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JOHN PO BOX 876 ZELLWOOD, FL 32798	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD BIRKO, DAVID PO BOX 196 ZELLWOOD, FL 32798	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STATTON, MICHAEL 32239 WOLFBRANCH LANE SORRENTO, FL 32776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RUSSELL, LEONA C 32239 WOLFBRANCH LANE SORRENTO, FL 32776	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRKO, DAVID P. O. BOX 196, ZELLWOOD, FL 32798	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMANSKI, JEFF 4926 SADLER RD, APOPKA, FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD HALLORAN, BEVERLY 6520 SWAIN RD, SORRENTO, FL 32776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BRASSEUR, MARY 1466 CATALINA BLVD, DELTONA, FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. Garry Miller 1-13-04 407-467-3683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #