
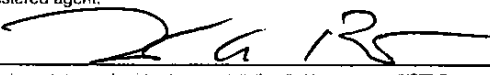
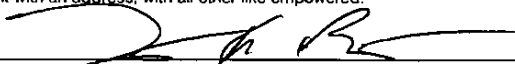


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

07-18-2005 90042 024 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08232005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2022527	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STATTON, MICHAEL 32239 WOLFBRANCH LANE SORRENTO, FL 32776			Name <i>David A. Birko</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>2829 Junction Rd.</i>		
			City <i>Zellwood</i> FL Zip Code <i>32798</i>		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE <i>8/26/05</i>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRKO, DAVID		NAME	<i>A.T. SCOFIELD III</i>	
STREET ADDRESS	PO BOX 196		STREET ADDRESS	<i>3125 APOPKA RD.</i>	
CITY-ST-ZIP	ZELLWOOD, FL 32798		CITY-ST-ZIP	<i>APOPKA FL 32712</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, GARRY		NAME	<i>Elken Miller</i>	
STREET ADDRESS	222 N KELLY PARK RD		STREET ADDRESS	<i>222 N. Kelly Park Rd.</i>	
CITY-ST-ZIP	APOPKA, FL		CITY-ST-ZIP	<i>Apopka, FL 32712</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMANSKI, JEFF		NAME		
STREET ADDRESS	4926 SADLER RD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	BD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLORAN, BEVERLY		NAME		
STREET ADDRESS	6520 SWAIN RD		STREET ADDRESS		
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STATTON, MICHAEL		NAME	<i>David Birko</i>	
STREET ADDRESS	32239 WOLDBRANCH LANE		STREET ADDRESS	<i>2829 Junction Rd.</i>	
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP	<i>Zellwood, FL 32798</i>	
TITLE	SEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASSEUR, MARY		NAME		
STREET ADDRESS	1466 CATALINA BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP		
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: 		(NOTE: Registered Agent signature required when reinstating)		DATE <i>8/26/05</i> 407-467-5617	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



ATTACHMENT

66026882

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 21, 2005

NORTHWEST ORANGE COUNTY IMPROVEMENT ASSOCIATION, INC.
4253 PONCAN ROAD
P.O. BOX 786
ZELLWOOD, FL 32798-7786

Subject: **NORTHWEST ORANGE COUNTY IMPROVEMENT ASSOCIATION,**

Reference Number:

715680

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

NOTE: Returned with corrections, per your request.