


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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
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01172006 No Chg-NP CR2E037 (11/05)

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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
 BIRKO, DAVID A
 2829 JUNCTION RD
 ZELLWOOD, FL 32798

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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 _____

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SCOFIELD, A T III
STREET ADDRESS	3125 ONDICH RD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	TD
NAME	MILLER, ELLEN
STREET ADDRESS	222 N KELLY PARK RD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D
NAME	SIMANSKI, JEFF
STREET ADDRESS	4926 SADLER RD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	BD
NAME	HALLORAN, BEVERLY
STREET ADDRESS	6520 SWAIN RD
CITY-ST-ZIP	SORRENTO, FL 32776
TITLE	P
NAME	BIRKO, DAVID
STREET ADDRESS	2829 JUNCTION RD
CITY-ST-ZIP	ZELLWOOD, FL 32798
TITLE	SEC
NAME	BRASSEUR, MARY
STREET ADDRESS	1466 CATALINA BLVD
CITY-ST-ZIP	DELTONA, FL 32725

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 01/27/06-80011-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ellen S Miller 1-19-06 407-986-301
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ellen S Miller