

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90104 038 \*\*\*\*61.25



<b>DOCUMENT # 715680</b>				1. Entity Name <b>NORTHWEST ORANGE COUNTY IMPROVEMENT ASSOCIATION, INC.</b>	
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2022527</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BIRKO, DAVID A 2829 JUNCTION RD ZELLWOOD, FL 32798			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOFIELD, A T III		NAME		
STREET ADDRESS	3125 ONDICH RD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ELLEN		NAME		
STREET ADDRESS	222 N KELLY PARK RD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRKO, DAVID		NAME		
STREET ADDRESS	2829 JUNCTION RD		STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD, FL 32798		CITY-ST-ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	Faye Odom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRASSEUR, MARY		NAME	P.O. BOX 279	
STREET ADDRESS	1466 CATALINA BLVD		STREET ADDRESS	Plymouth, FL 32768	
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 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: <i>Ellend Miller</i>			Date: <i>1-17-07</i> Daytime Phone #: <i>4078863090</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

4000100



01112007 Chg-NP CR2E037 (12/06)