# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2005 8:00 am**
**Secretary of State**
04-22-2005 90311 015 ****61.25

DOCUMENT # 734840

1. Entity Name
LAKE HOWELL HIGH SCHOOL BAND PARENTS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4200 DIKE ROAD<br>WINTER PARK, FL 32792 US | P.O. BOX 598<br>GOLDENROD, FL 32733-0598 US |

04092005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 23-7421333 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

ZICTLOW, DARRYL
1502 THORNHILL CIRCLE
OVIEDO, FL 32765

**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 DARRYL ZIETLOW (PD) 4/9/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MICHELS, MIMI<br>104 BUCKSKIN WAY<br>WINTER SPRINGS, FL 32708 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DARRYL ZIETLOW<br>1502 THORNHILL CIRCLE<br>OVIEDO, FL 32765 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>YOUNG, RICHARD<br>1830 GLADIOLAS DR.<br>WINTER PARK, FL 32792 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>JEFF HYSON<br>2898 OAK BLUFF WAY<br>OVIEDO, FL 32765 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CARPENAS, ELLIS<br>425 BRITTANY CIRCLE<br>CASSELBERRY, FL 32707 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LISA DOWNS<br>3152 WATER EDGE POINT<br>WINTER PARK, FL 32792 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ZIETLOW, DARRYL<br>1502 THORNHILL CIRCLE<br>OVIEDO, FL 32765 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LORRAINE KYSER<br>324 HOUND RUN PLACE<br>CASSELBERRY, FL 32707 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** DARRYL ZIETLOW (PD) 4/9/05 407-317-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #