2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# N00000007658

Entity Name: APOPKA-VINELAND ROAD LANDSCAPE MAINTENANCE COMMITTEE, INC.

Current Principal Place of Business:

7725 HORSE FERRY RD E.
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7725 HORSE FERRY RD E.
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3750598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NISKANEN, ANDY
1955 SOUTH APOPKA-VINELAND ROAD
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	NISKANEN, ANDY	
Address:	1955 S. APOPKA-VINELAND RD.	
City-St-Zip:	ORLANDO, FL 32835 US	
Title:	PD	( ) Delete
Name:	WARD, KIRKLAND	
Address:	7725 HORSE FERRY ROAD EAST	
City-St-Zip:	ORLANDO, FL 32835 US	
Title:	T	( ) Delete
Name:	COSTELLO, JIM	
Address:	1708 WESTOVER RESERVE BLVD.	
City-St-Zip:	WINDERMERE, FL 34786 US	
Title:	S	( ) Delete
Name:	TITER, TRISH	
Address:	8103 WELLSMERE CIRCLE	
City-St-Zip:	ORLANDO, FL 32835 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. COSTELLO T 03/16/2004
Electronic Signature of Signing Officer or Director — Date