

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90342 005 ****61.25

DOCUMENT # N00000007658					
1. Entity Name APOPKA-VINELAND ROAD LANDSCAPE MAINTENANCE COMMITTEE, INC.					
Principal Place of Business 7725 HORSE FERRY RD E. ORLANDO, FL 32835			Mailing Address 7725 HORSE FERRY RD E. ORLANDO, FL 32835		
2. Principal Place of Business 831 PALM COVE DR		3. Mailing Address 831 PALM COVE DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL			
Zip 32835		Country USA			
4. FEI Number 59-3750598		5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Name and Address of Current Registered Agent NISKANEN, ANDY 1955 SOUTH APOPKA-VINELAND ROAD ORLANDO, FL 32835					
7. Name and Address of New Registered Agent Name: RICHARD HUBER Street Address (P.O. Box Number is Not Acceptable): 831 PALM COVE DR City: ORLANDO FL Zip Code: 32835					
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: <u>Richard Huber, President</u> DATE: <u>4/20/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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 D NAME NISKANEN, ANDY STREET ADDRESS 1955 S. APOPKA-VINELAND RD. CITY-ST-ZIP ORLANDO, FL 32835	☒ Delete		TITLE V NAME JAMES BURNS STREET ADDRESS 512 WHEATSTONE PLACE CITY-ST-ZIP ORLANDO, FL 32835	☐ Change ☒ Addition	
TITLE PD NAME WARD, KIRKLAND STREET ADDRESS 7725 HORSE FERRY ROAD EAST CITY-ST-ZIP ORLANDO, FL 32835	☒ Delete		TITLE P NAME RICHARD HUBER STREET ADDRESS 831 PALM COVE DR CITY-ST-ZIP ORLANDO FL 32835	☐ Change ☒ Addition	
TITLE T NAME COSTELLO, JIM STREET ADDRESS 1708 WESTOVER RESERVE BLVD. CITY-ST-ZIP WINDERMERE, FL 34786	☐ Delete		TITLE S NAME DEBBIE CARTER STREET ADDRESS 8101 WINDSOR WOODS RD CITY-ST-ZIP ORLANDO, FL 32835	☐ Change ☒ Addition	
TITLE S NAME TITER, TRISH STREET ADDRESS 8103 WELLSMERE CIRCLE CITY-ST-ZIP ORLANDO, FL 32835	☒ 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	
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 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 or other like empowered.					
SIGNATURE: <u>Richard Huber</u> DATE: <u>4/20/06</u> DAYTIME PHONE: <u>407-292-0499</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					