**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # N21939** **(6)**

1. Corporation Name
**COLLEGE PARK NEIGHBORHOOD ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P. O. BOX 540859<br>ORLANDO FL 32854 | P. O. BOX 540859<br>ORLANDO FL 32854 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1987
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2911391 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

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

OLSEN, THOMAS R.
2518 EDGEWATER DRIVE
ORLANDO FL 32804

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VD | 11 TITLE | S ☑ Change ☐ Addition |
| NAME | HORTON, HAL | 12 NAME | |
| STREET ADDRESS | 514 LAKEVIEW STREET | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 14 CITY-ST-ZIP | |
| TITLE | S | 21 TITLE | ☑ Change ☐ Addition |
| NAME | GANT, ED. | 22 NAME | Michael Romano |
| STREET ADDRESS | 607 W. WINTER PARK ST. | 23 STREET ADDRESS | 935 Stetson St. |
| CITY-ST-ZIP | ORLANDO FL | 24 CITY-ST-ZIP | Orlando FL 32804 |
| TITLE | P | 31 TITLE | ☐ Change ☐ Addition |
| NAME | LIGHTCAP, KATHY | 32 NAME | |
| STREET ADDRESS | 915 ALBA DR. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 34 CITY-ST-ZIP | |
| TITLE | VD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | MCKENZIE, KAREN | 42 NAME | |
| STREET ADDRESS | 323 DESOTO CIRCLE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 44 CITY-ST-ZIP | |
| TITLE | T | 51 TITLE | ☐ Change ☐ Addition |
| NAME | BRENNER, ALANA | 52 NAME | |
| STREET ADDRESS | 1330 RADCLYFF ROAD | 53 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☑ Change ☐ Addition |
| NAME | RODMAN, GALE | 62 NAME | VD<br>Mark Heidelberger |
| STREET ADDRESS | 26 INTERLAKEN ROAD | 63 STREET ADDRESS | 915 Stetson St. |
| CITY-ST-ZIP | ORLANDO FL | 64 CITY-ST-ZIP | Orlando FL 32804 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Alana C. Brenner Alana C. Brenner 2-20-95 407-841-8310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034615