2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 07, 2002 8:00 am **DOCUMENT # N21939** Secretary of State 1. Entity Name COLLEGE PARK NEIGHBORHOOD ASSOCIATION, INC. 03-07-2002 90044 050 ****61.25 Principal Place of Business Mailing Address P. O. BOX 540859 P. O. BOX 540859 ORLANDO FL 32854 ORLANDO FL 32854 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2911391 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name _ . والعدائم فرمعه والمنهج الرمعام الدرارة فالمعدول بالواسي Street Address (P.O. Box Number is Not Acceptable) OLSEN, THOMAS R. 2518 EDGEWATER DRIVE ORLANDO FL 32804 City 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 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ķ, 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) Change : TITLE Delete TITLE PRESIDENT ☐ Addition KNAPP, SCOTT NAME NAME Don Engle 201 E. VENDERBILT SE STREET ADDRESS 2801 ARDSLEY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ORLANDO, FL 32864 ACRE THON ☐ Addition TITLE Delete TITLE Change arms, jeff NAME Nolte NAME PRDIUN 927 DARTMOUTH STREET STREET ADDRESS STREET ADDRESS 1900 甘くなみずるが CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP OKLANDO, Change-TITLE -- Addition Delete___ TITLE CLASSE, JOHN H JR. NAME NAME STREET ADDRESS 2011 HARRISON AVE STREET ADDRESS 37804 CITY-ST-ZIP ORLANDO FL 32904 CITY-ST-ZIP Passident Delete TITLE Change Addition TITLE LOCHRANDY, MONICA Milliam DENVINGS NAME NAME STREET ADDRESS STREET ADDRESS 1842 IVANHOE RD 106 E. HARVANA CITY-ST-7iP POBSE 17,000ml 10 CITY-ST-ZIP ORLANDO FL 32804 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Date

FILED