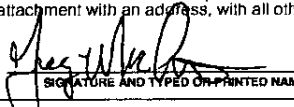


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90012 015 ****61.25

DOCUMENT # N21939 1. Entity Name COLLEGE PARK NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 540859 ORLANDO, FL 32854			Mailing Address P. O. BOX 540859 ORLANDO, FL 32854		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2911391	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OLSEN, THOMAS R. 2518 EDGEWATER DRIVE ORLANDO, FL 32804				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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	VD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	CLARNMANGUT, GROOVOR		NAME	Groover, Claramargaret	
STREET ADDRESS	1124 BRYN MANE ST		STREET ADDRESS	1124 Bryn MAWR	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	Orlando, FL 32804	
TITLE	SD	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	GROBOURY, RYAN		NAME	Van Horn, Lyn	
STREET ADDRESS	911 W. HARVARD ST		STREET ADDRESS	2007 Ivanhoe Rd.	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	Orlando, FL 32804	
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MACARTHUR, GREG		NAME		
STREET ADDRESS	8568 SPENCER CT.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP		
TITLE	P	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	JENNINGS, WILLIAM		NAME	Brenner, Alana	
STREET ADDRESS	106 E HARVARD ST		STREET ADDRESS	1330 Radclyffe Rd	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	Orlando, FL 32804	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			GREG MACARTHUR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/4/2004 Daytime Phone # (407) 579-0982		

54032386



03062004 Chg-NP CR2E037 (10/03)