## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21939

FILED Apr 28, 2005 Secretary of State

Entity Name: COLLEGE PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P. O. BOX 540859 ORLANDO, FL 32854

Current Mailing Address: New Mailing Address:

P. O. BOX 540859 ORLANDO, FL 32854

FEI Number: 59-2911391 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLSEN, THOMAS R. GROOVER, CLARAMARGARET H
2518 EDGEWATER DRIVE 1124 BRYN MAWR STREET
ORLANDO, FL 32804 US ORLANDO, FL 32804 US

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: CLARAMARGARET H. GROOVER 04/28/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: VPD (X) Change () Addition Name: GROOVER, CLARAMARGARET Name: GROOVER, CLARAMARGARET Address: 1124 BRYN MANE ST Address: 1124 BRYN MANE ST City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 VAN HORN, LYN
 Name:

 Address:
 2007 IVANHOE RD
 Address:

 City-St-Zip:
 ORLANDO, FL 32804
 City-St-Zip:

Title: T ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 MACARTHUR, GREG
 Name:
 SCOTT, LILLIAN

 Address:
 8568 SPENCER CT
 Address:
 1444 VASSAR STREET

 City-St-Zip:
 ORLANDO, FL 32817
 City-St-Zip:
 ORLANDO, FL 32804

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BRENNER, ALANA
 Name:

 Address:
 1330 RADCLYFFE RD
 Address:

 City-St-Zip:
 ORLANDO, FL 32804
 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: CLARAMARGARET H. GROOVER VP 04/28/2005