


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90014 041 ****61.25

DOCUMENT # 728137 1. Entity Name 1200 PARK AVENUE ASSOCIATION, INC.					
Principal Place of Business 1924 W. PRINCETON ST. ORLANDO, FL 32804 US			Mailing Address 1216 PARK AVENUE NORTH WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3316878	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent KOBIN, HARVEY N 1216 PARK AVENUE NORTH WINTER PARK, FL 32789					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>Harvey N. Kobin</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <i>HARVEY N. KOBIN</i> <small>(NOTE: Registered Agent signature required when reconstating)</small> </div> <div> <i>01/28/04</i> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D LAWTON, THOMAS C DR. 1208 PARK AVENUE NORTH WINTER PARK, FL 32789		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KOBIN, HARVEY N 1216 PARK AVENUE NORTH WINTER PARK, FL 32789		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WORSWICK, RONALD J 1212 PARK AVENUE NORTH WINTER PARK, FL 32789		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, WILBUR DR. 1210 PARK AVENUE NORTH WINTER PARK, FL 32789		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLISLE, MARGARET A 371 PUTNAM LANE LAKE MARY, FL 32746		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 305 S. NORTHLAKE BLVD. #1003 ALTAMONTE SPRINGS, FL 32701		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Margaret A. Carlisle</i> MARGARET A. CARLISLE <i>01/28/04</i> <i>407/843-1000</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					