

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 19, 2020**

**Secretary of State**

**2111647665CC**

DOCUMENT# 715680

**Entity Name:** NORTHWEST ORANGE COUNTY IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

4253 W PONKAN ROAD  
ZELLWOOD, FL 32798

**Current Mailing Address:**

4253 PONKAN ROAD  
PO BOX 786  
ZELLWOOD, FL 32798-0786 US

**FEI Number: 59-2022527**

**Certificate of Status Desired: No**

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

BARRETT, MARVIN B  
5051 PALM DR  
ZELLWOOD, FL 32798 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BIRKO, DAVID  
Address 2829 JUNCTION RD  
City-State-Zip: ZELLWOOD FL 32798

Title TREASURER  
Name HEEKE, JODI  
Address 4208 ROUND LAKE RD  
City-State-Zip: APOPKA FL 32712

Title DIRECTOR  
Name HEEKE, TIM  
Address 4208 ROUND LAKE RD  
City-State-Zip: APOPKA FL 32712

Title DIRECTOR  
Name SHIVER, DENNY  
Address 3367 WASHINGTON ST.  
City-State-Zip: ZELLWOOD FL 32798

Title VP  
Name MILLER, GARRY  
Address 222 N KELLY PARK RD  
City-State-Zip: APOPKA FL 32712

Title PRESIDENT  
Name BARRETT, MARVIN  
Address 5051 PALM DR  
City-State-Zip: ZELLWOOD FL 32798

Title SECRETARY  
Name FERGUSON, JANICE  
Address 4253 W PONKAN ROAD  
City-State-Zip: ZELLWOOD FL 32798

Title DIRECTOR  
Name DRIGGERS, JR  
Address 4253 W PONKAN ROAD  
City-State-Zip: ZELLWOOD FL 32798

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: MARVIN BARRETT**

**PRESIDENT**

**01/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WALLER, ROB  
Address        4253 W PONKAN ROAD  
City-State-Zip: ZELLWOOD FL 32798