

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N21939

Entity Name: COLLEGE PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1901 W COLONIAL DRIVE
FIRST FLOOR
ORLANDO, FL 32804

Current Mailing Address:

P. O. BOX 540859
ORLANDO, FL 32854 US

FEI Number: 59-2911391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

L.T.S.C., LLC
1901 W COLONIAL DRIVE
FIRST FLOOR
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: JOSEPH E. SEAGLE, MANAGER

02/19/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name FETTIG, MICHAEL
Address P. O. BOX 540859
City-State-Zip: ORLANDO FL 32854

Title VP, DIRECTOR
Name SEEDS, SARAH
Address P. O. BOX 540859
City-State-Zip: ORLANDO FL 32854

Title DIRECTOR
Name ELISHA, BRACHO
Address P. O. BOX 540859
City-State-Zip: ORLANDO FL 32854

Title DIRECTOR
Name KURZREITER, ROB
Address P. O. BOX 540859
City-State-Zip: ORLANDO FL 32854

Title DIRECTOR, SECRETARY
Name SEAGLE, JOSEPH E
Address P. O. BOX 547945
City-State-Zip: ORLANDO FL 32854

Title TREASURER, DIRECTOR
Name ALDRIDGE, MARK
Address P. O. BOX 540859
City-State-Zip: ORLANDO FL 32854

Title DIRECTOR
Name DUSTY, SUTTON
Address P. O. BOX 540859
City-State-Zip: ORLANDO FL 32854

Title DIRECTOR
Name COPELAND, YOLANDA
Address P. O. BOX 540859
City-State-Zip: ORLANDO FL 32854

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: JOSEPH E SEAGLE

SECRETARY

02/19/2024

Electronic Signature of Signing Officer/Director Detail

Date