

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 705902

1. Entity Name
MARLANDO CLUB OF ORLANDO, INC.



Principal Place of Business
**1621 BOYER ST
LONGWOOD, FL 32750-6287**

Mailing Address
**1621 BOYER ST
LONGWOOD, FL 32750-6287**



04032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-6132820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CONKLIN, ELIZABETH K
1621 BOYER ST
LONGWOOD, FL 32750-6287**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAYNE, AUDREY
STREET ADDRESS	300 E CHURCH ST #1119
CITY-ST-ZIP	ORLANDO, FL 328013544
TITLE	VPD
NAME	ERIKSEN, SHIRLEY
STREET ADDRESS	2409 DOMINICA RUN
CITY-ST-ZIP	WINTER PARK, FL 327921615
TITLE	VP
NAME	BOBROWSKI, CAROL
STREET ADDRESS	2959 SABEL OAK PL
CITY-ST-ZIP	OVIEDO, FL 327659195
TITLE	VP
NAME	DAVICH, IRENE
STREET ADDRESS	690 OSCEOLA AVE #303
CITY-ST-ZIP	WINTER PARK, FL 327894408
TITLE	SD
NAME	CIEKOT, DOROTHY
STREET ADDRESS	2902 OVERLAKE AVE
CITY-ST-ZIP	ORLANDO, FL 328067457
TITLE	T
NAME	CONKLIN, ELIZABETH K
STREET ADDRESS	1621 BOYER ST
CITY-ST-ZIP	LONGWOOD, FL 327506287

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04/13/07-80030-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Elizabeth K. Conklin* **ELIZABETH K CONKLIN** 4/3/07 407-831-2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #