

2001 UNIFORM BUSINESS REPORT (UBR)

2/28

FILED
Mar 27, 2001 8:00 am
Secretary of State

02-28-2001 90111 021 ****61.25

DOCUMENT # 715119

1. Entity Name

DELROY PARK ASSOCIATION, INC.

Principal Place of Business

**381 WEST TROTTERS DRIVE
MAITLAND FL 32751**

Mailing Address

**381 WEST TROTTERS DRIVE
MAITLAND FL 32751**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2386103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CROWELL, DONALD N
381 WEST TROTTERS DRIVE
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Donald N. Crowell

2/4/01

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CROWELL, DONALD	
STREET ADDRESS	381 WEST TROTTERS DRIVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, BETSY	
STREET ADDRESS	911 S. TROTTERS DR.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VOORHEES, HARRISON	
STREET ADDRESS	901 PACE AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIFLER, NATI	
STREET ADDRESS	931 S. TROTTERS DR.	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWDEN, ROBIN	
STREET ADDRESS	931 ADIOS AV.	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOORHEES, HARRISON	SAME
STREET ADDRESS	901 PACE AV.	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Nati O. Reifler Nati O. Reifler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/2001 (407) 875-3400

CR2E037 (10/00)