


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 08:00 A
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

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. I am familiar with, and accept the obligations of registered agent	
SIGNATURE	DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	NAME
D	REIFLER, NATT
STREET ADDRESS	931 S TROTTERS DR
CITY-ST-ZIP	MAITLAND FL 32751
<input type="checkbox"/> Delete	
D	DOWDEN, ROBIN
STREET ADDRESS	931 ADIOS AVE
CITY-ST-ZIP	MAITLAND FL 32751
<input type="checkbox"/> Delete	
TD	VOORHEES, HARRISON
STREET ADDRESS	901 PACE AVE
CITY-ST-ZIP	MAITLAND FL 32751
<input type="checkbox"/> Delete	
PD	DEMAREE, JULIET
STREET ADDRESS	930 S. TROTTER
CITY-ST-ZIP	MAITLAND FL 32751
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	000000855062
CITY-ST-ZIP	03/27/08-80032-013 61.25
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DONALD N. CROWELL 3/8/08 321 277-7131