

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90131 005 ****61.25

DOCUMENT # 715594

1. Entity Name
GLEN ARDEN HEIGHTS CIVIC ASSOCIATION, INC.



Principal Place of Business
**415 MONCELLO DRIVE
ALTAMONTE SPRINGS FL 32701 US**

Mailing Address
**415 MONCELLO DRIVE
ALTAMONTE SPRINGS FL 32701 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006 Chg-NP CR2E037 (11/05)

4. FEI Number
54-3122007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINDY WILLIS
415 MONTICELLO DRIVE
ALTAMONTE SPRINGS, FL 32701**

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

Mindy Willis

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

(NOTE: Registered Agent signature required when reinstating)

[Signature]

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
SHANES, DAVID
410 MONTICELLO DR.
ALTAMONTE SPRINGS, FL 32701** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
Sue Murray
403 Monticello Drive
Altamonte Springs, Fl. 32701** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
WILLIS, MINDY
415 MONTICELLO DR
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Blank] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
WILLIS, RICHARD
415 MONTICELLO DR
ALTAMONTE SPRINGS, FL 32701** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary
Kathy DeRouin
402 Monticello Dr.
Altamonte Springs, Fl. 32701** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ANGEL, MIKE
409 MONTICELLO DR
ALTAMONTE SPRINGS, FL 32701** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Jim Murray - President
403 Monticello Dr.
Altamonte Springs, Fl. 32701** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Blank] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Blank] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Blank] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Blank] ☐ Change ☐ Addition

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: *Mindy Willis* (Mindy Willis)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06

Date

407 831-8163

Daytime Phone #