

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90095 020 \*\*\*\*61.25

**DOCUMENT # 757623**

1. Entity Name

COLLEGE PARK CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

201 COLLEGE BLVD.  
NICEVILLE FL 32578-1350

201 COLLEGE BLVD.  
NICEVILLE FL 32578-1350

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 (10/06)

4. FEI Number

59-2127070

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

NEMETH, KIMBERLY A  
1031 AIDER WOOD WAY  
NICEVILLE FL 32578

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

*Kimberly A. Nemeth Neumanns* - Kimberly Nemeth Neumanns 1/29/07

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

NAME: JACKSON, KEVIN  
STREET ADDRESS: 201 E. COLLEGE BLVD #53  
CITY ST ZIP: NICEVILLE FL 32578 ☐ Delete

NAME: GUNN, JACOB  
STREET ADDRESS: 1601 DATE PALM DR  
CITY ST ZIP: NICEVILLE FL 32578 ☒ Delete

NAME: KAPLAN, DAVE  
STREET ADDRESS: 907 E CHOCTOWHATCHEE DR.  
CITY ST ZIP: NICEVILLE FL 32578 ☐ Delete

NAME: NEMETH NEUMANS, KIM  
STREET ADDRESS: 1031 ALDERWOOD WAY  
CITY ST ZIP: NICEVILLE FL 32578 ☐ Delete

NAME: BHATTACHARYA, JAY  
STREET ADDRESS: 107 COUNTRY CLUB DR.  
CITY ST ZIP: NICEVILLE FL 32578 ☐ Delete

NAME: LOGAN, BOBBIE  
STREET ADDRESS: 478 OLDE POST RD.  
CITY ST ZIP: NICEVILLE FL 32578 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME: Rodriguez, Jesus  
STREET ADDRESS: 1016 Countryside Ct  
CITY ST ZIP: FWB., FL 32547 ☐ Change ☒ Addition

NAME: Plummer, Mary  
STREET ADDRESS: 631 Powell Dr.  
CITY ST ZIP: FWB., FL 32547 ☐ Change ☒ Addition

NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
☐ Change ☐ Addition

NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
☐ Change ☐ Addition

NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
☐ Change ☐ Addition

NAME:   
STREET ADDRESS:   
CITY ST ZIP:   
☐ Change ☐ 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:** *Kim Nemeth Neumanns* - Kim Nemeth Neumanns CAM/DIR. 1/29/07 850-729-7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Working Phone #