

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768539

FILED
Apr 17, 2009
Secretary of State

Entity Name: DR. PHILLIPS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

60 WEST ROBINSON STREET
PO BOX 3753
ORLANDO, FL 328023753

New Principal Place of Business:

60 WEST ROBINSON STREET
ORLANDO, FL 32801

Current Mailing Address:

C/O ROBERT L MELLEN III
60 W ROBINSON ST
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-2372728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELLEN, ROBERT L III
60 W. ROBINSON ST.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: MELLEN, ROBERT L III
Address: 60 W ROBINSON ST
City-St-Zip: ORLANDO, FL 32801

Title: VD () Delete
Name: BURNETT, H. L.
Address: 60 W. ROBINSON ST.
City-St-Zip: ORLANDO, FL

Title: STD () Delete
Name: TUKDARIAN, E.M.
Address: 60 WEST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: JACKSON, DAVID A
Address: 60 WEST ROBINSON STREET
City-St-Zip: ORLANDO, FL

Title: AST () Delete
Name: DONNELLY, S.K.
Address: 60 WEST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BURNETT, H.L.
Address: 60 W. ROBINSON ST.
City-St-Zip: ORLANDO, FL 32801

Title: STD (X) Change () Addition
Name: TUKDARIAN, E.M.
Address: 60 WEST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change () Addition
Name: JACKSON, DAVID A
Address: 60 WEST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA M. TUKDARIAN

STD

04/17/2009

Electronic Signature of Signing Officer or Director

Date