

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000003421

1. Entity Name

THE TRADITION PROPERTY OWNERS' ASSOCIATION, INC.



FILED

05 APR 22 PM 1:47

Principal Place of Business

300 S ORANGE AVE
SUITE 1000
ORLANDO FL 32801

Mailing Address

P O BOX 4956
ORLANDO FL 32801

2. Principal Place of Business

250 Park Avenue S.

3. Mailing Address

250 Park Avenue S.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL 32789

City & State

Winter Park, Florida 32789

Zip

32789

Country

USA

Zip

32789

Country

USA

1st MOORE

CR2E037 (10/04)

[Handwritten signature]



4. FEI Number 59-3668734 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GRINDSTAFF, MICHAEL J
300 S ORANGE AVENUE
SUITE 1000
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By: May 1, 2005

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRINDSTAFF, MICHAEL J	
STREET ADDRESS	300 S. ORANGE AVE., SUITE 1000	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALSH, STEPHEN R	
STREET ADDRESS	35 BROAD ST	
CITY-ST-ZIP	CHARLESTON SC 29401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSMAN, NANCY	
STREET ADDRESS	6355 METROWEST BLVD SUITE 330	
CITY-ST-ZIP	ORLANDO FL 32835	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600055200146	
CITY-ST-ZIP	05/24/05--01071--011 **61.25	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	250 Park Avenue S. - Suite 200	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward S. Pantzer	
STREET ADDRESS	Park 80 West, Plaza One	
CITY-ST-ZIP	Saddle Brook, NJ 07663	
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:

[Handwritten signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05

407-647-3290

Daytime Phone #