

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

05-28-2003 90116 028 \*\*\*\*61.25

001428

DOCUMENT # N00000008517

1. Entity Name  
**DELANEY PARK NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**450 S. ORANGE AVE., #500  
ORLANDO FL 32801**

Mailing Address  
**438 RAEHN ST.  
ORLANDO FL 32806**

2. Principal Place of Business  
**417 Avalon Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**417 Avalon Blvd**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Orlando FL**

City & State  
**Orlando FL**

4. FEI Number **59-3694776**

Applied For  
 Not Applicable

Zip  
**32806**

Country  
**USA**

Zip  
**32806**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**DIAMOND, PHILIP A  
450 S. ORANGE AVE., #500  
ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

Name **Sechler, Evelyn A**  
Street Address (P.O. Box Number is Not Acceptable)  
**417 Avalon Blvd**  
City **Orlando** FL Zip Code **32806**

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 **Evelyn A. Sechler, Treasurer**  
*Evelyn A. Sechler*

DATE **5/15/2003**

**FILE NOW: FEE IS \$61.25**

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 <del>DP</del>	<del>DIAMOND, PHILIP A</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>438 RAEHN ST.</del>	
STREET ADDRESS	<del>ORLANDO FL 32806</del>	
CITY-ST-ZIP		
TITLE <del>D</del>	<del>RAWLSON, JON D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>620 DELANEY PARK DR.</del>	
STREET ADDRESS	<del>ORLANDO FL 32806</del>	
CITY-ST-ZIP		
TITLE <del>DS</del>	<del>JANSEN, STACY</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>516 WOODLAND ST.</del>	
STREET ADDRESS	<del>ORLANDO FL 32806</del>	
CITY-ST-ZIP		
TITLE <del>DV</del>	<del>SCHRADER, ANDY</del>	<input type="checkbox"/> Delete
NAME	<del>603 RAEHN ST.</del>	
STREET ADDRESS	<del>ORLANDO FL 32806</del>	
CITY-ST-ZIP		
TITLE <del>D</del>	<del>ROGERS, DONALD</del>	<input type="checkbox"/> Delete
NAME	<del>1505 DELANDY AVE.</del>	
STREET ADDRESS	<del>ORLANDO FL 32806</del>	
CITY-ST-ZIP		
TITLE <del>DT</del>	<del>SECHLER, EVELYN</del>	<input type="checkbox"/> Delete
NAME	<del>417 AVALON</del>	
STREET ADDRESS	<del>ORLANDO FL 32806</del>	
CITY-ST-ZIP		

TITLE <b>DV</b>	<b>James Wolf</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>611 E Daley</b>	
STREET ADDRESS	<b>Orlando, FL 32806</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <b>DP</b>	<b>Schrader, Andy</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>603 RaeHn St</b>	
STREET ADDRESS	<b>Orlando, FL 32806</b>	
CITY-ST-ZIP		
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: **Evelyn A. Sechler, Treasurer** **5/15/2003** **407 240-5159**

CR2E037 (10/02)