2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N01000002866

Entity Name: PORT ORANGE PROPERTY DEVELOPMENT, INC.

Current Principal Place of Business:

ATTN: CITY MANAGER
1000 CITY CENTER CIRCLE
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

ATTN: CITY MANAGER
1000 CITY CENTER CIRCLE
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-3724757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARKER, KENNETH W
ATTN: CITY MANAGER
1000 CITY CENTER CIRCLE
PORT ORANGE, FL 32129 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:	GREEN, ALLEN	
Address:	1000 CITY CENTER CIRCLE	
City-St-Zip:	PORT ORANGE, FL 32129	
Title:	VP	( ) Delete
Name:	STEINDOERFER, GEORGE	
Address:	1000 CITY CENTER CIRCLE	
City-St-Zip:	PORT ORANGE, FL 32129	
Title:	ST	( ) Delete
Name:	MARTIN, MARY	
Address:	1000 CITY CENTER CIRCLE	
City-St-Zip:	PORT ORANGE, FL 32129	
Title:	D	( ) Delete
Name:	KENNEDY, DENNIS	
Address:	1000 CITY CENTER CIRCLE	
City-St-Zip:	PORT ORANGE, FL 32129	
Title:	D	( ) Delete
Name:	POHLMANN, ROBERT	
Address:	1000 CITY CENTER CIRCLE	
City-St-Zip:	PORT ORANGE, FL 32129	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOHN A. SHELLEY DIR. 03/10/2009
Electronic Signature of Signing Officer or Director — Date