

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002866

FILED  
Apr 10, 2012  
Secretary of State

**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:** CHA  
**Name:** GREEN, ALLEN  
**Address:** 1000 CITY CENTER CIRCLE  
**City-St-Zip:** PORT ORANGE, FL 32129

**Title:** P  
**Name:** POHLMANN, BOB  
**Address:** 1000 CITY CENTER CIRCLE  
**City-St-Zip:** PORT ORANGE, FL 32129

**Title:** VCHA  
**Name:** KENNEDY, DENNIS  
**Address:** 1000 CITY CENTER CIRCLE  
**City-St-Zip:** PORT ORANGE, FL 32129

**Title:** VP  
**Name:** BURNETTE, DON  
**Address:** 1000 CITY CENTER CIRCLE  
**City-St-Zip:** PORT ORANGE, FL 32129

**Title:** S  
**Name:** FORD, ROBERT  
**Address:** 1000 CITY CENTER CIRCLE  
**City-St-Zip:** PORT ORANGE, FL 32129

**Title:** T  
**Name:** SHELLEY, JOHN A  
**Address:** 1000 CITY CENTER CIRCLE  
**City-St-Zip:** PORT ORANGE, FL 32129

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN A. SHELLEY

T

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date