

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90023 025 \*\*\*\*61.25

**60015352**



01242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**20-1314338**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**W&P SERVICES, INC.**  
**1936 LEE ROAD SUITE 101**  
**WINTER PARK, FL 32789**

## 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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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** ☐ Delete  
NAME **KAHLI, BEAT M**  
STREET ADDRESS **13001 FOUNDERS SQUARE DRIVE**  
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **D** ☐ Delete  
NAME **HALLE, ROSS**  
STREET ADDRESS **13001 FOUNDERS SQUARE DRIVE**  
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **DVST** ☐ Delete  
NAME **EWING, KEITH**  
STREET ADDRESS **13001 FOUNDERS SQUARE DRIVE**  
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 affidavit with all other like empowered.

SIGNATURE: [Signature] **VP, Treasurer** **1-31-06** **402-658-6565**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

60015352

WEBSTER, CHAIRES #1002000002497  
& PARTNERS, P.L.

TRADITIONAL LEGAL SERVICES  
COMMON SENSE APPROACH

ATTORNEYS AND BUSINESS CONSULTANTS  
FLORIDA CIVIL LAW NOTARIES

**Dawn Bachan-Muckunlall**  
Paralegal

E-mail: [dmuckunlall@wplawyers.com](mailto:dmuckunlall@wplawyers.com)

February 13, 2006

**Via Certified Mail - RRR**

Uniform Business Report Filings  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

**Re: Avalon Park Foundation, Inc. / 2006 Uniform Business Report**

Ladies and Gentlemen:

Enclosed with this letter is the 2006 Uniform Business Report for the above referenced not-for-profit corporation. Also enclosed is check #010665 in the amount of \$61.25 for the filing of same.

Please contact our office if you have any questions.

Sincerely,

Dawn Bachan-Muckunlall  
Paralegal

Enclosures