2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State
03-20-2007 90010 002 ****70.00

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1. Entity Name
CENTRAL FLORIDA ACCORDION CLUB, INC.

Principal Place of Business	Mailing Address
1156 FAIRWAY DRIVE WINTER PARK, FL 32792	1156 FAIRWAY DRIVE WINTER PARK, FL 32792

03102007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
612 Orchid Lane	1969 S. Alafaya Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc. #355
City & State Altamonte Springs. FL	City & State Orlando, FL
Zip / Country 32714 / US.	Zip / Country 32828-8732 / US.

4. FEI Number
04-3723945
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YOST, THOMAS E 1156 FAIRWAY DRIVE WINTER PARK, FL 32792	Name: Carlos E. Reyna Street Address (P.O. Box Number is Not Acceptable): 612 Orchid Lane City: Altamonte Springs FL Zip Code: 32714

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: Carlos E Reyna Carlos E. Reyna President 3-9-07
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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP YOST, THOMAS E 1156 FAIRWAY DRIVE WINTER PARK, FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Carlos E. Reyna 612 Orchid Lane Altamonte Springs FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ZALEWSKI, JOSEPH 7838 RUM CAY AVE ORLANDO, FL 32822	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Bermola Ruth 2682 TIERRA Circle Winter Park, FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PERKINS, JAMES F 131 MEDITERRANEAN CT KISSIMMEE, FL 34758	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Gossman Gene 10967 Eliotti Street Orlando, FL 32832	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, RODNEY A 1360 S ORLANDO AVE COCOA BEACH, FL 32931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Blankenship Judy 13667 Waterhouse Way Orlando, FL 32828-2348	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, CORLISS K 2321 OLDFIELD DRIVE ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Foge Fred 8422 Singapore CT Orlando, FL 32817	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fontana Martin 5601 Cypress Garden Road Winter Haven, FL 33884	☐ Change ☒ Addition

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 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: Carlos E Reyna Carlos E. Reyna 3-9-07 (407) 832-5494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #