

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90059 050 ****61.25

DOCUMENT # N03000000077					
1. Entity Name EAST PARK - NEIGHBORHOOD 5 HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 610 SYCAMORE STREET SUITE 140 CELEBRATION, FL 34747			Mailing Address 475 WEST TOWN PLACE SUITE 100 SAINT AUGUSTINE, FL 32092		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 8009 S. Orange Ave		Suite, Apt. #, etc. 8009 S Orange Ave			
City & State Orlando FL		City & State Orlando FL			
Zip 32809		Country USA		Zip 32809	
Country USA		4. FEI Number 03-0453670			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRAY, JOHN C JR 86 SPRINGS VISTA DRIVE STE 200 DEBARY, FL 32713			7. Name and Address of New Registered Agent Name: <u>REBECCA FURFOW</u> Street Address (P.O. Box Number is Not Acceptable): <u>East Park Neighborhood S HOA</u> <u>elo Leland Management</u> 8009 S. Orange Ave City: <u>Orlando</u> <u>FL</u> <u>32809</u>		
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: <u>[Signature]</u> 2-21-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GRAY, JOHN C JR 86 SPRINGS VISTA DRIVE STE 200 DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JASON LIPPERT 9692 MOSS ROSE WAY ORLANDO FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM, HAGOOD 86 SPRINGS VISTA DRIVE STE 200 DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President JAY BACHWANI 9743 LAKE DISTRICT LANE ORLANDO FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer ANGELA BACHELOR 9800 LAKE DISTRICT LANE ORLANDO FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ARB ALISON BARRON 9727 OLD PATINA WAY ORLANDO FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Safety JOHN ELLIS 9738 LAKE DISTRICT LANE ORLANDO FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u>			ANGELA BACHELOR		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-15-07		
			407-273-7689		