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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-02-2004 90005 014 ****61.25 **DOCUMENT # N03000006166** 1. Entity Name LAKE DAVIS/GREENWOOD NEIGHBORHOOD ASSOCIATION, INC. Mailing Address Principal Place of Business 66407123 800 DELANEY PARK DR. 800 SOUTH DELANEY AVE ORLANDO, FL 32801 ORLANDO, FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 CR2E037 (10/03) Cha-NP 4. FEI Number 41-2110 Applied For City & Stale City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROLLINGS-ERIC-Street Address (P.O. Box Number is Not Acceptable) 800 DELANEY PARK DR. ORLANDO FL 32806 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be Added to Fees Filing Fee is \$61.25 Make check payable to Florida Department of State Due by May 1, 2004 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME ROLLINGS, ERIC NAME STREET ADDRESS 800 DELANEY PARK DR. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME **GUILLET, NICLOE** NAME STREET ADDRESS 812 DELANEY PARK DR. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP TITLE TITLE Change Addition Dalele CHRISTENSEN, CHRIS NAME NAME 523 DANIELS AVENUE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32801 CITY-ST-ZIP C/TY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete PROMES, ZAHRA G NAME NALE 1011 LAKE DAVIS DRIVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP Change Addition TITLE TITLE Deleta STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 of true for exempting the property of the corporation or the receiver of the property o

TREASURER

SIGNATURE:

FILED

Mar 22, 2004 8:00 am