

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000005637

**FILED**  
**Sep 05, 2012**  
**Secretary of State**

**Entity Name:** ORLO VISTA UNITED SAFE NEIGHBORHOOD, INCORPORATED

**Current Principal Place of Business:**

38 SOUTH HASTINGS STREET  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 SOUTH TYLER AVENUE  
ORLANDO, FL 32811 US

**New Mailing Address:**

PO BOX 616246  
ORLANDO, FL 32861 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONDREY, CHERIE  
11 SOUTH TYLER AVENUE  
ORLANDO, FL 32811 US

**Name and Address of New Registered Agent:**

ANDERSON, BARBARA  
114 N. JOHN STREET  
ORLANDO, FL 32835 US

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: BARBARA ANDERSON

09/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ANDERSON, BARBARA  
Address: 114 N. JOHN STREET  
City-St-Zip: ORLANDO, FL 32835 US

Title: S  
Name: THOMAS, SHARON  
Address: 5455 WEST WASHINGTON STREET  
City-St-Zip: ORLANDO, FL 32811 US

Title: T  
Name: MELI, DEBI  
Address: 6001 CONDOR ROAD  
City-St-Zip: ORLANDO, FL 32835 US

Title: VP  
Name: AMOS, JULIUS  
Address: 218 RONNIE CIRCLE  
City-St-Zip: ORLANDO, FL 32811 US

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: BARBARA ANDERSON

P

09/05/2012

Electronic Signature of Signing Officer or Director

Date