


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000011576</b>	
1. Entity Name <b>MANLOW PARK BUSINESS OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1135 EAST AVENUE CLERMONT, FL 34711</b>	Mailing Address <b>1135 EAST AVENUE CLERMONT, FL 34711</b>
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03072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1290937</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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5. Name and Address of Current Registered Agent  <b>LADD, DALE 1135 EAST AVENUE CLERMONT, FL 34711</b>
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**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000670206  
03/27/07-80103-006 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LADD, DALE J 1135 EAST AVENUE CLERMONT, FL 34711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ENGLISH, THOMAS L 12825 VALLEY RIDGE LOOP CLERMONT, FL 34711</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD COSTELLO, JAMES 1010 JOHN'S POINTE DRIVE WINTER GARDEN, FL 34787</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 817, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/07 352-394-8686**

Date

Daytime Phone #