## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07025

FILED Feb 21, 2005 Secretary of State

Entity Name: THE ORANGE BLOSSOM TRAIL DEVELOPMENT BOARD, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2719 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** 2719 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 FEI Number: 59-2518541 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRIEF, RANDALL E 322 E. CENTRAL BLVD., APT 1513 ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ADKINS, SYBIL Name: Name: 1018 S ORANGE BLOSSOM TR Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: Title: ( ) Delete () Change () Addition DAVIS, JERRY Name: Name: Address: 2580 S ORANGE BLVD Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: () Delete Title: () Change () Addition HARGROVE, CHARLES Name: Name: 801 NORTH MAGNOLIA AVENUE #402 Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: YURKO, ALLISON Name: 1144 WINDSONG ROAD Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: () Delete Title: () Change () Addition HARTAGE, HOMER Name: Name: 201 S ROSALIND AVE Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ROSENTHAL, JASON DEMUNCK, TRACY Name: Name: Address: 904 MACK AVENUE Address: 111 N. ORANGE AVE., SUITE 1800 ORLANDO, FL 32805 ORLANDO, FL 32801 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SYBIL ADKINS D 02/21/2005