2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N08000007746

Entity Name: AUDUBON PARK THE GARDEN DISTRICT INC

Current Principal Place of Business:

C/O DAVID JONES CPA 117 E MARKS ST
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

C/O DAVID JONES CPA 117 E MARKS ST
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 26-3177732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, DAVID
C/O DAVID JONES CPA 117 E MARKS ST
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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:

Title: CHR (X) Delete
Name: RANKIN, EMILY
Address: 3126 1/2 CORRINE DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: CO-C ( ) Delete
Name: MARVEL, HUDSON
Address: 1510 COLE ROAD
City-St-Zip: ORLANDO, FL 32803

Title: TRES ( ) Delete
Name: JONES, DAVID
Address: 117 E MARKS STREET
City-St-Zip: ORLANDO, FL 32803

Title: SEC ( ) Delete
Name: HANNIFORD, NANCY
Address: 3921 VIRGINIA DRIVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: MARVEL, HUDSON
Address: 1510 COLE ROAD
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID A. JONES TRES 01/20/2009
Electronic Signature of Signing Officer or Director — Date