

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15553

FILED
Mar 02, 2005
Secretary of State

Entity Name: CARMEL PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2550 NORTH DEAN ROAD
ORLANDO, FL 328172798

New Principal Place of Business:

Current Mailing Address:

CARMEL PARK HOA
P.O. BOX 677981
ORLANDO, FL 32867

New Mailing Address:

FEI Number: 59-2686780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESS, MATTHEW
2419 LONG MEADOW WAY
ORLANDO, FL 32817 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: DP () Delete
Name: PRESS, MATTHEW
Address: 2419 LONG MEADOW WAY
City-St-Zip: ORLANDO, FL 32817

Title: DS () Delete
Name: DELERME, PATRICK
Address: 2436 LONG MEADOW WAY
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: DIAZ, DORALIZA
Address: 2417 OLIVE BRANCH WAY
City-St-Zip: ORLANDO, FL 32817

Title: DT () Delete
Name: HARRIS, MARY
Address: 2475 LONG MEADOW WAY
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: CASTLES, NANCY
Address: 2502 FABRY CIRCLE
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DT (X) Change () Addition
Name: HYATT-MCCOY, MELINDA
Address: 2400 OLIVE BRANCH WAY
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Change () Addition
Name: MOORE, JOHN
Address: 2454 LONG MEADOW WAY
City-St-Zip: ORLANDO, FL 32817

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: MATTHEW PRESS

DP

03/02/2005

Electronic Signature of Signing Officer or Director

Date