

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90128 009 \*\*\*\*61.25

**DOCUMENT # N21939**

1. Entity Name

COLLEGE PARK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

P. O. BOX 540859  
ORLANDO FL 32854

Mailing Address

P. O. BOX 540859  
ORLANDO FL 32854

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2911391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GROOVER, CLARAMARGARET H  
1124 BRYN MAWR STREET  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPD ☒ Delete  
NAME GROOVER, CLARAMARGARET  
STREET ADDRESS 1124 BRYN MAWR ST  
CITY-ST-ZIP ORLANDO FL 32804

TITLE SD ☒ Delete  
NAME VAN HORN, LYN  
STREET ADDRESS 2007 IVANHOE RD  
CITY-ST-ZIP ORLANDO FL 32804

TITLE P ☒ Delete  
NAME SCOTT, LILLIAN  
STREET ADDRESS 1444 VASSAR STREET  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition  
NAME Leza Tellam  
STREET ADDRESS 405 NIBLICK AVE  
CITY-ST-ZIP ORLANDO FL 32804

TITLE V/D ☐ Change ☒ Addition  
NAME MONICA LOCHMANDY  
STREET ADDRESS 901 DARTMOUTH STREET  
CITY-ST-ZIP ORLANDO FL 32804

TITLE S/D ☐ Change ☒ Addition  
NAME MONARCHA MARCET  
STREET ADDRESS 927 W. HARVARD ST.  
CITY-ST-ZIP ORLANDO FL 32804

TITLE T/D ☐ Change ☒ Addition  
NAME ALANA BRENNER  
STREET ADDRESS 1330 Radclyffe Road  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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]*

3/17/06

407 288-2414