

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90025 025 ****70.00

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2911391 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TELLMAN, LEZA <input type="checkbox"/> Delete 405 NIBLICK AVE ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TELLMAN, LEZA <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Spelling correction</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOCHMANDY, MONICA <input checked="" type="checkbox"/> Delete 901 DARTMOUTH STREET ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARR, BOB JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 204 W. SPRUCE ORLANDO, FL 32804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARCEY, MONARCHA <input type="checkbox"/> Delete 927 W HARVARD ST ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRENNER, ALANA <input type="checkbox"/> Delete 1330 RADCLIFFE ROAD ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <i>Monarcha Marcet</i> MONARCHA MARCET 2/13/07 407 843 4696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					