

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21939

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** COLLEGE PARK NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 540859  
ORLANDO, FL 32854

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 540859  
ORLANDO, FL 32854

**New Mailing Address:**

**FEI Number:** 59-2911391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GROOVER, CLARAMARGARET H  
1124 BRYN MAWR STREET  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

SELF, EBEN C  
207 E. LIVINGSTON ST.  
ORLANDO, FL 32801 US

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: EBEN C. SELF

03/10/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SELF, EBEN C  
Address: 1717 DEPAUW AVE.  
City-St-Zip: ORLANDO, FL 32804

Title: SD  
Name: LOVELAND, ALICEIA J  
Address: 11 E. EVANS  
City-St-Zip: ORLANDO, FL 32804

Title: TD  
Name: RALEIGH, CHARLOTTE  
Address: 576 IVANHOE PLAZA  
City-St-Zip: ORLANDO, FL 32804

Title: VD  
Name: LA SALA, ADRIAN  
Address: 222 W. SPRUCE ST.  
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: ALICEIA J LOVELAND

SD

03/10/2010

Electronic Signature of Signing Officer or Director

Date