

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22108

FILED
Jan 20, 2006
Secretary of State

Entity Name: COLLEGE PARK ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

2705 LEE ROAD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540032
ORLANDO, FL 328540032

New Mailing Address:

P.O. BOX 540032
ORLANDO, FL 328540032 US

FEI Number: 59-2901303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTE, TIM
1602 BERKSHIRE AVENUE
WINTER PARK, FL 32789 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: PD () Delete
Name: SCHULTE, TIM
Address: 1602 BERKSHIRE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: TD () Delete
Name: OSTERNDORF, DAN
Address: 2000 N. WESTMORELAND DR
City-St-Zip: ORLANDO, FL 32804

Title: VD () Delete
Name: LOWE, JIM
Address: 1214 LATTI LANE
City-St-Zip: ORLANDO, FL 32804

Title: SD () Delete
Name: BRUNAULT, GARY
Address: 820 DRIVER AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: OSTERNDORF, DAN
Address: 4025 CORRINE DRIVE
City-St-Zip: ORLANDO, FL 32814

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 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: TIM SCHULTE

PD

01/20/2006

Electronic Signature of Signing Officer or Director

Date