FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:00

DOCUMENT # N25339 (5)

1. Corporation Name

THE ASSOCIATION TO PRESERVE THE EATONVILLE COMMU NITY, INC.

Principal Place of Business	Mailing Address
227 E KENNEDY BLVD. P.O. BOX 2586 EATONVILLE FL 32751	227 E KENNEDY BLVD. P.O. BOX 2586 EATONVILLE FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2952662 — Applied For / Not Applicable

2. Principal Place of Business: 21 — Suite, Apt. #, etc.: 22 — City & State: 23 — Zip: 24 — Country: 25
2a. Mailing Address: 26 — Suite, Apt. #, etc.: 27 — City & State: 28 — Zip: 29 — Country: 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NADHIRI, N.Y.
1650 ORANGE AVENUE
WINTER PARK FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DS~~ DP	11 TITLE	D — ☐ Change ☒ Addition
NAME	MCWHITE, ERNESTINE	12 NAME	Sibille Pritchard
STREET ADDRESS	269 ARMADOR CIRCLE	13 STREET ADDRESS	406 W. Colonial Drive, Suite 7
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Orlando, FL. 32804
TITLE	DS	21 TITLE	D — ☐ Change ☒ Addition
NAME	KULASH, WALTER	22 NAME	Johnny Rivers
STREET ADDRESS	834 TOWN CIRCLE	23 STREET ADDRESS	12101 Crescent Cove Ct.
CITY ST ZIP	MAITLAND FL	24 CITY ST ZIP	Windermere, FL. 34786
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DOPPELT, AVA	32 NAME	
STREET ADDRESS	541 MELROSE AVE	33 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	34 CITY ST ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	SHORTESS, JAMES (Delete)	42 NAME	
STREET ADDRESS	101 WOODSTREAM COURT	43 STREET ADDRESS	
CITY ST ZIP	MAITLAND FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PERKINS, M JACKIE	52 NAME	
STREET ADDRESS	2009 W CENTRAL BLVD	53 STREET ADDRESS	REMITTED BY MAY 1
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP	
TITLE	~~DR~~ DT	61 TITLE	☐ Change ☐ Addition
NAME	DEXTER, EDDIS	62 NAME	
STREET ADDRESS	103 N. WYMORE RD.	63 STREET ADDRESS	
CITY ST ZIP	EATONVILLE FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ernestine E. McWhite — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95 (Date) — (407) 647-3307 (Daytime Phone #)

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