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FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N25339 (5)

1. Corporation Name

THE ASSOCIATION TO PRESERVE THE EATONVILLE COMMUNITY, INC.

Principal Place of Business

Mailing Address

227 E KENNEDY BLVD.  
P.O. BOX 2586  
EATONVILLE FL 32751227 E KENNEDY BLVD.  
P.O. BOX 2586  
EATONVILLE FL 32751-20103. Date Incorporated or Qualified  
03/10/19883a. Date of Last Report  
04/26/1996

2. Principal Place of Business

2a. Mailing Address

227 E. Kennedy Blvd  
Eatonville, FL 32751227 E. Kennedy  
Eatonville, FL 327514. FEI Number  
59-2952662

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City &amp; State

City &amp; State

6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

28

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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 DP ☐ DELETE  
NAME MCWHITE, ERNESTINE  
STREET ADDRESS 269 ARMADOR CIRCLE  
CITY-ST-ZIP ORLANDO FL1.1 TITLE DS ☒ Change ☒ Addition  
1.2 NAME Otis, Clarence  
1.3 STREET ADDRESS 5336 Isleworth Country Club Drive  
1.4 CITY-ST-ZIP Windermere, FL 34786TITLE D ☐ DELETE  
NAME KULASH, WALTER  
STREET ADDRESS 834 TOWN CIRCLE  
CITY-ST-ZIP MATLAND FL2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Rivers, Johnny  
2.3 STREET ADDRESS 12101 Crescent Cove Court  
2.4 CITY-ST-ZIP Windermere, FL 32786TITLE D ☐ DELETE  
NAME DOPPELT, AVA  
STREET ADDRESS 541 MELROSE AVE  
CITY-ST-ZIP WINTER PARK FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME PRITCHARD, SIBILLE  
STREET ADDRESS 401 W COLONIAL DRIVE, SUITE 7  
CITY-ST-ZIP ORLANDO FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME PERKINS, M JACKIE  
STREET ADDRESS 2009 W CENTRAL BLVD  
CITY-ST-ZIP ORLANDO FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE DT ☐ DELETE  
NAME DEXTER, EDDIS  
STREET ADDRESS 103 N. WYMORE RD.  
CITY-ST-ZIP EATONVILLE FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 McWhite

4/23/97 407-647-3307

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014080

CP2E037 (9/96)