

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90004 011 ****61.25

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DOCUMENT # N25339

1. Corporation Name

THE ASSOCIATION TO PRESERVE THE EATONVILLE COMMU
NITY, INC.

Principal Place of Business

227 E. KENNEDY BLVD.
EATONVILLE FL 32751
US

Mailing Address

227 E KENNEDY BLVD.
EATONVILLE FL 32751
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/10/1988

4. FEI Number

59-2952662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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 ☐ DELETE

TITLE DS
NAME OTIS, CLARENCE
STREET ADDRESS 5336 ISLEWORTH COUNTRY CLUB DRIVE
CITY-ST-ZIP WINDERMERE FL

TITLE D ☐ DELETE

NAME KULASH, WALTER
STREET ADDRESS 834 TOWN CIRCLE
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ DELETE

NAME DOPPELT, AVA
STREET ADDRESS 541 MELROSE AVE
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME PRITCHARD, SIBILLE
STREET ADDRESS 401 W COLONIAL DRIVE, SUITE 7
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME RIVERS, JOHNNY
STREET ADDRESS 12101 CRESCENT COVE COURT
CITY-ST-ZIP WINDERMERE FL

TITLE DT ☐ DELETE

NAME DEXTER, EDDIS
STREET ADDRESS 103 N. WYMORE RD.
CITY-ST-ZIP EATONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Ernestine McWhite
1.3 STREET ADDRESS 269 Amadore Circle
1.4 CITY-ST-ZIP Orlando, FL 32810

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)