


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N25339</b> 1. Entity Name THE ASSOCIATION TO PRESERVE THE EATONVILLE COMMUNITY, INC.		
Principal Place of Business 227 E. KENNEDY BLVD. EATONVILLE, FL 32751 US	Mailing Address 227 E KENNEDY BLVD. EATONVILLE, FL 32751 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  PRESERVE EATONVILLE COMMUNITY, INC. 227 E. KENNEDY BLVD. EATONVILLE, FL 32751		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRITCHARD, SIBILLE H 401 W COLONIAL DR STE 7 ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVERS, JOHNNY P.O. BOX 1969 WINDERMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELL, LONNIE C 9333 SOUTH JOHN YOUNG PARKWAY ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELEVEAUX, RUPERT 5600 W SAND LAKE RD. ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOPPELT, AVA K 255 SOUTH ORANGE AVENUE ORLANDO, FL 32802	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCWHITE, ERNESTINE E 269 AMADOR CIRCLE ORLANDO, FL 32810	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b> <u>Sibille Hov Pritchard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-25-06 407-647-3307 <small>Date Daytime Phone #</small>



04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2952662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

000000544973  
05/11/06-80058-011 61.25

**DO NOT WRITE  
IN THIS SPACE**