

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90004 034 ****70.00

DOCUMENT # N25339					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2952662	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRESERVE EATONVILLE COMMUNITY, INC. 227 E. KENNEDY BLVD. EATONVILLE, FL 32751			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, SIBILLE H		NAME	Carolyn M. Fennell	
STREET ADDRESS	401 W COLONIAL DR STE 7		STREET ADDRESS	One Airport Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	Orlando, FL 32827	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERS, JOHNNY		NAME	James M. Lewis	
STREET ADDRESS	P.O. BOX 1969		STREET ADDRESS	200 Celebration Pl., Celebration 34747	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, LONNIE C		NAME	Clarence Otis, Jr.	
STREET ADDRESS	9333 SOUTH JOHN YOUNG PARKWAY		STREET ADDRESS	5900 Lake Ellenor Dr.	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Orlando, FL 32809	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEVEAUX, RUPERT		NAME	Jean E. Wilson, Esq.	
STREET ADDRESS	5600 W SAND LAKE RD.		STREET ADDRESS	450 S. Orange Ave., Suite 650	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOPPELT, AVA K		NAME	Reginald B. McGill	
STREET ADDRESS	255 SOUTH ORANGE AVENUE		STREET ADDRESS	400 S. Orange Ave., 3rd FL	
CITY-ST-ZIP	ORLANDO, FL 32802		CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWHITE, ERNESTINE E		NAME		
STREET ADDRESS	269 AMADOR CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
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.					
SIGNATURE: <u>Johnny Rivers, President --Board of Directors</u>		Date: <u>6-15-07</u>		Daytime Phone #: <u>407-888-4482</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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