

# 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**

4016100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2952662**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$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 **P** ☐ Delete  
NAME **PRITCHARD, SIBILLE H**  
STREET ADDRESS **401 W COLONIAL DR STE 7**  
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ Change ☐ Addition  
NAME **VP Carolyn M. Fennell**  
STREET ADDRESS **One Airport Blvd.**  
CITY-ST-ZIP **Orlando, FL 32827**

TITLE **VP** ☐ Delete  
NAME **RIVERS, JOHNNY**  
STREET ADDRESS **P.O. BOX 1969**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Change ☒ Addition  
NAME **D- James M. Lewis**  
STREET ADDRESS **200 Celebration Pl., Celebration 34747**  
CITY-ST-ZIP **D**

TITLE **VP** ☐ Delete  
NAME **BELL, LONNIE C**  
STREET ADDRESS **9333 SOUTH JOHN YOUNG PARKWAY**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☐ Addition  
NAME **D- Clarence Otis, Jr.**  
STREET ADDRESS **5900 Lake Ellenor Dr.**  
CITY-ST-ZIP **Orlando, FL 32809**

TITLE **S** ☐ Delete  
NAME **DELEVEAUX, RUPERT**  
STREET ADDRESS **5600 W SAND LAKE RD.**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☐ Addition  
NAME **D- Jean E. Wilson, Esq.**  
STREET ADDRESS **450 S. Orange Ave., Suite 650**  
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **T** ☐ Delete  
NAME **DOPPELT, AVA K**  
STREET ADDRESS **255 SOUTH ORANGE AVENUE**  
CITY-ST-ZIP **ORLANDO, FL 32802**

TITLE ☐ Change ☐ Addition  
NAME **D- Reginald B. McGill**  
STREET ADDRESS **400 S. Orange Ave., 3rd FL**  
CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☐ Delete  
NAME **D- MCWHITE, ERNESTINE E**  
STREET ADDRESS **269 AMADOR CIRCLE**  
CITY-ST-ZIP **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 my address, with all other like empowered.

**SIGNATURE:**

**Johnny Rivers, Resident --Board of Directors**

**6-15-07**

**407-888-4482**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #