


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90108 038 \*\*\*\*70.00

<b>DOCUMENT # N25339</b> 1. Entity Name <b>THE ASSOCIATION TO PRESERVE THE EATONVILLE COMMUNITY, INC.</b>					
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		
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 <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRITCHARD, SIBILLE H		NAME	Carolyn 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	Vice Pres.	<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 Dr.	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	Celebration, FL 34747	
TITLE	D	<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 Chenier 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 checked="" type="checkbox"/> Addition	
NAME	DELEVEAUX, RUPERT		NAME	Sean E. Wilson, Esq.	
STREET ADDRESS	5600 W SAND LAKE RD.		STREET ADDRESS	400 S. Orange Ave, Suite 650	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Orlando, FL 32801	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-22-08 409-8884182 <small>Date Daytime Phone #</small>		