

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25339

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE ASSOCIATION TO PRESERVE THE EATONVILLE COMMUNITY, INC.

Current Principal Place of Business:

227 E. KENNEDY BLVD.
EATONVILLE, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

227 E KENNEDY BLVD.
EATONVILLE, FL 32751 US

New Mailing Address:

FEI Number: 59-2952662 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRESERVE EATONVILLE COMMUNITY, INC.
227 E. KENNEDY BLVD.
EATONVILLE, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FENNELL, CAROLYN
Address: ONE AIRPORT BLVD
City-St-Zip: ORLANDO, FL 32827

Title: P () Delete
Name: RIVERS, JOHNNY
Address: P.O. BOX 1969
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: BELL, LONNIE C
Address: 9333 SOUTH JOHN YOUNG PARKWAY
City-St-Zip: ORLANDO, FL 32819

Title: S () Delete
Name: DELEVEAUX, RUPERT
Address: 5600 W SAND LAKE RD.
City-St-Zip: ORLANDO, FL 32819

Title: T () Delete
Name: DOPPELT, AVA K
Address: 255 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32802

Title: D () Delete
Name: MCWHITE, ERNESTINE E
Address: 269 AMADOR CIRCLE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: REGINALD, MCGILL
Address: 400 S.ORANGE AVE, 3RD FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: T (X) Change () Addition
Name: DOPPELT, AVA K
Address: 255 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: N.Y.NATHIRI

ED

04/21/2009

Electronic Signature of Signing Officer or Director

Date