

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90066 002 \*\*\*\*\*61.25

**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

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 ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NADHIRI, N.Y.  
1650 ORANGE AVENUE  
WINTER PARK FL**

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

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

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	DS	<input checked="" type="checkbox"/> Delete
NAME	OTIS, CLARENCE	
STREET ADDRESS	5336 ISLEWORTH COUNTRY CLUB DRIVE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGILL, REGINALD	
STREET ADDRESS	1417 ADDIE AVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOPPELT, AVA	
STREET ADDRESS	541 MELROSE AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRITCHARD, SIBILLE	
STREET ADDRESS	401 W COLONIAL DRIVE, SUITE 7	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERS, JOHNNY	
STREET ADDRESS	12101 CRESCENT COVE COURT	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DEXTER, EDDIS	
STREET ADDRESS	103 N. WYMORE RD.	
CITY-ST-ZIP	EATONVILLE FL	

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sibille H. Pritchard	
STREET ADDRESS	401 W. Colonial Dr., Suite 7	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnny Rivers	
STREET ADDRESS	12101 Crescent Cove Court	
CITY-ST-ZIP	Windermere, FL	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lonnie C. Bell	
STREET ADDRESS	9333 S. John Young Parkway	
CITY-ST-ZIP	Orlando, FL 32819-8612	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ernestine E. McWhite	
STREET ADDRESS	269 Amador Circle	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rupert Deleveaux	
STREET ADDRESS	5600 W. Sand Lake Rd.	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William F. Spivey	
STREET ADDRESS	1510 Nebraska Street	
CITY-ST-ZIP	Orlando, FL 32804	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**SIGNATURE REQUIRED**

8/29/03

407-647-3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)