


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N26359 1. Entity Name FCCP PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 375 COMMERCE WAY, STE 101 LONGWOOD, FL 32750 US	Mailing Address P.O. BOX 521584 LONGWOOD, FL 32752-1584 US
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03242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2910914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEINZ, MICHLER 375 COMMERCE WAY, SUITE 101 LONGWOOD, FL 32750
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BELFLOWER, PEGGY P O BOX 160386 NA ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEVENS, BETH A 365 COMMERCE WAY STE 101 LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELLY, KERRY 401 COMMERCE WAY SUITE 101 LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, S.I. POST OFFICE BOX 526100 N/A LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000326374 04/23/05-80054-008 61.25 DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Beth A. Stevens</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Beth A. Stevens	04/21/05	407/830-7723
	Date	Daytime Phone #	