

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N26359

1. Entity Name
FCCP PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
375 COMMERCE WAY, STE 101
LONGWOOD, FL 32750 US

Mailing Address
P.O. BOX 521584
LONGWOOD, FL 32752-1584 US



03142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2910914

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEINZ, MICHLER
375 COMMERCE WAY, SUITE 101
LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000475324
04/05/06-80011-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	BELFLOWER, PEGGY
STREET ADDRESS	P O BOX 160386 NA
CITY- ST- ZIP	ALTAMONTE SPRINGS, FL
TITLE	ST
NAME	STEVENS, BETH A
STREET ADDRESS	365 COMMERCE WAY STE 101
CITY- ST- ZIP	LONGWOOD, FL
TITLE	DP
NAME	KELLY, KERRY
STREET ADDRESS	401 COMMERCE WAY SUITE 101
CITY- ST- ZIP	LONGWOOD, FL
TITLE	D
NAME	GOLDMAN, S.I.
STREET ADDRESS	POST OFFICE BOX 526100 N/A
CITY- ST- ZIP	LONGWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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

SIGNATURE: Beth A. Stevens Beth A. Stevens, Secretary March 17, 2006 407.830.7723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #