
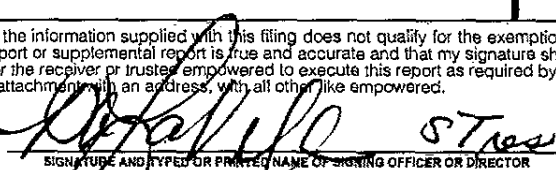


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N29241		
1. Entity Name INTERSTATE PARK PROPERTY OWNERS ASSOCIATION OF ORLANDO, INC.		
Principal Place of Business 997 W KENNEDY BLVD A-25 ORLANDO, FL 32810	Mailing Address 997 W KENNEDY BLVD A-25 ORLANDO, FL 32810	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ADELMAN, JERRY 997 W KENNEDY BLVD A-25 ORLANDO, FL 32810		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAPLAN, BERNARD 997 W KENNEDY BLVD A-25 ORLANDO, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STDV LAVELLE, PATRICIA A. 997 W KENNEDY BLVD A-25 ORLANDO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADELMAN, JERRY 997 W KENNEDY BLVD A-25 ORLANDO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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.		
SIGNATURE:  STres		1/4/06 407 660 9542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2908790	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

U00000380272
01/11/06-80007-012 70.00