



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N42933 1. Entity Name HOLDEN PARK COMMUNITY ASSOCIATION, INCORPORATED				
Principal Place of Business 4612 TINSLEY DRIVE ORLANDO, FL 32839 US		Mailing Address 4612 TINSLEY DRIVE ORLANDO, FL 32839 US		
DO NOT WRITE IN THIS SPACE				
				 01042005 No Chg-NP CR2E037 (10/03)
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-0257221		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WINSLOW, BETTY J 4612 TINSLEY DRIVE ORLANDO, FL 32839		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) DATE</small>				
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		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN MAAREN, HOWARD 831 SPRINGWOOD DRIVE ORLANDO, FL 32839			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WINSLOW, BETTY J 4612 TINSLEY DRIVE ORLANDO, FL 32839			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGSTON, FRED 801 SPRINGWOOD DRIVE ORLANDO, FL 32839			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLOSTERMAN, STEPHEN 4707 TINSLEY DRIVE ORLANDO, FL 32839			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, TOM 4614 REDFERN DR ORLANDO, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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: <i>Betty Winslow</i> (BETTY WINSLOW) Treas.		2/15/05 407-857-1579		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		