


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N42933</b> 1. Entity Name <b>HOLDEN PARK COMMUNITY ASSOCIATION, INCORPORATED</b>	
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Principal Place of Business <b>4612 TINSLEY DRIVE ORLANDO, FL 32839 US</b>	Mailing Address <b>4612 TINSLEY DRIVE ORLANDO, FL 32839 US</b>
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02172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0257221</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**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 \_\_\_\_\_  
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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000644431  
03/02/07-90041-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN MAAREN, HOWARD 831 SPRINGWOOD DRIVE ORLANDO, FL 32839
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WINSLOW, BETTY J 4612 TINSLEY DRIVE ORLANDO, FL 32839
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGSTON, FRED 801 SPRINGWOOD DRIVE ORLANDO, FL 32839
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLOSTERMAN, STEPHEN 4707 FINSLEY DRIVE ORLANDO, FL 32839
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, TOM 4614 REDFERN DR ORLANDO, FL 32839
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
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:** Betty J. Winslow  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07 407-857-1579  
Date Daytime Phone #