

**2008 ~~NOT~~-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 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**



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0257221</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_

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, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	VAN MAAREN, HOWARD
STREET ADDRESS	831 SPRINGWOOD DRIVE
CITY-ST-ZIP	ORLANDO, FL 32839

TITLE	ST
NAME	WINSLOW, BETTY J
STREET ADDRESS	4612 TINSLEY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32839

TITLE	P
NAME	LANGSTON, FRED
STREET ADDRESS	801 SPRINGWOOD DRIVE
CITY-ST-ZIP	ORLANDO, FL 32839

TITLE	VP
NAME	KLOSTERMAN, STEPHEN
STREET ADDRESS	4707 FINSLEY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32839

TITLE	D
NAME	SANDERS, TOM
STREET ADDRESS	4614 REDFERN DR
CITY-ST-ZIP	ORLANDO, FL 32839

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000824512  
02/20/08-80082-003 61.25

**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

Date

Daytime Phone #

*2-8-08 407-859-1579*