

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Bandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 AUG -7 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N44373** (1)  
1. Corporation Name  
**ENGELWOOD PARK NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**6037 NAVAJO WAY ORLANDO FL 32807**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/18/1991</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3059773</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent  
**TRUOT, FRANK  
6037 NAVAJO WAY  
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>TRUOT, FRANK</b>
STREET ADDRESS	<b>6037 NAVAJO WAY</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>SD</b>
NAME	<b>RODRIGUES, MARIA</b>
STREET ADDRESS	<b>5108 JENNINGS CT.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>VD</b>
NAME	<b>ULRICH, ELIZABETH</b>
STREET ADDRESS	<b>502 ENGEL DRIVE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>GELATKA, PAULINE</b>
STREET ADDRESS	<b>6028 NAVAJO WAY</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>TD</b>
NAME	<b>CECIL, CHARLES</b>
STREET ADDRESS	<b>6431 YELLOWSTONE STREET</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>WETZEL, LINDA</b>
STREET ADDRESS	<b>735 ENGLE DRIVE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SD WAGNER, VIRGINIA</b>
2.3 STREET ADDRESS	<b>717 Kan Kakee Lane</b>
2.4 CITY - ST - ZIP	<b>Orlando, FL 32807</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D Hostetler, Sam</b>
4.3 STREET ADDRESS	<b>735 Kan Kakee Lane</b>
4.4 CITY - ST - ZIP	<b>Orlando, FL 32807</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D Louise Weatherford, Louise</b>
6.3 STREET ADDRESS	<b>6007 Navajo Way</b>
6.4 CITY - ST - ZIP	<b>Orlando FL 32807</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles M. Cecil Charles M. Cecil 7-31-95 407 805-2911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date Printed)

CR2E037 (3/95)