

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 30 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: 6431 YELLOWSTONE STREET, ORLANDO FL 32807, US  
 Mailing Address: 6431 YELLOWSTONE STREET, ORLANDO FL 32807, US

3. Date Incorporated or Qualified: 07/18/1991

4. FEI Number: 59-3059773  
 Applied For:  Not Applicable:

2. Principal Place of Business: 21 502 Engel Dr, 22 Suite, Apt. #, etc., 23 Orlando FL, 24 32807, 25 US  
 2a. Mailing Address: 26 502 Engel Dr, 27 Suite, Apt. #, etc., 28 Orlando FL, 29 32807, 30 US

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: CECIL, CHARLES, 6431 YELLOWSTONE STREET, ORLANDO FL 32807

10. Name and Address of New Registered Agent: 81 Name: Elizabeth Ulrich, 82 Street Address: 502 Engel Dr., 83, 84 City: Orlando, FL, 85 Zip Code: 32807

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: Elizabeth A. Ulrich, 9-15-98  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: SWAN, DOUG	
STREET ADDRESS: 612 OXALIS AVE	
CITY-ST-ZIP: ORLANDO FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: CROSS, BARKER	
STREET ADDRESS: 710 KANKAKEE LANE	
CITY-ST-ZIP: ORLANDO FL	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: ULRICH, ELIZABETH	
STREET ADDRESS: 502 ENGEL DRIVE	
CITY-ST-ZIP: ORLANDO FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: COOKE-TULLOCH, JOAN	
STREET ADDRESS: 6353 SEX TANT CT	
CITY-ST-ZIP: ORLANDO FL	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: CECIL, CHARLES	
STREET ADDRESS: 6431 YELLOWSTONE STREET	
CITY-ST-ZIP: ORLANDO FL	
TITLE: VPD	<input checked="" type="checkbox"/> DELETE
NAME: WEATHERHOLD, LOUISE	
STREET ADDRESS: 6007 NAVAJO WAY	
CITY-ST-ZIP: ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: VPD Barnes, Robert J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS: 6109 JIBWAY CT	
1.4 CITY-ST-ZIP: ORLANDO FL 32807	
2.1 TITLE: TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: McDavid, William C.	
2.3 STREET ADDRESS: 726 KANKAKEE LANE	
2.4 CITY-ST-ZIP: ORLANDO FL 32807	
3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Smith, HOKE	
3.3 STREET ADDRESS: 6022 LAKE UNDERHILL	
3.4 CITY-ST-ZIP: ORLANDO FL 32807	
4.1 TITLE: SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: WAGNER, VIRGINIA	
4.3 STREET ADDRESS: 717 KANKAKEE LANE	
4.4 CITY-ST-ZIP: ORLANDO FL 32807	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth A. Ulrich, 9-15-98 407/277-1543  
 Signature, typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (5/98)