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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44373

1. Corporation Name
ENGELWOOD PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business 501 ENGEL DR ORLANDO FL 32807 US	Mailing Address 502 ENGEL AV ORLANDO FL 32807 US
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2. Principal Place of Business 21 6037 NAVAJO WAY	2a. Mailing Address 26 SAME	3. Date Incorporated or Qualified 07/18/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3059773
City & State 23 ORLANDO FL.	City & State 28 FL.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32807	Country 25 ORANGE	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ULRICH, ELIZABETH 502 ENGEL DR ORLANDO FL 32807				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, ROBERT J	1.2 NAME	FRANK TROUT, FRANK
STREET ADDRESS	6109 JIBWAY CT	1.3 STREET ADDRESS	6037 NAVAJO WAY
CITY-ST-ZIP	ORLANDO FL 32807	1.4 CITY-ST-ZIP	ORLANDO FL 32807
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDavid, WILLIAM C	2.2 NAME	Redmon Redmon, Patricia
STREET ADDRESS	726 VANKAKEC LANE	2.3 STREET ADDRESS	6451 LYONS ST
CITY-ST-ZIP	ORLANDO FL 32807	2.4 CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ULRICH, ELIZABETH	3.2 NAME	HOWELL, WALTER
STREET ADDRESS	502 ENGEL DRIVE	3.3 STREET ADDRESS	6024 SHENANDOAH
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO FL 32807
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOKE-TULLOCH, JOAN	4.2 NAME	CROSS, Barbara
STREET ADDRESS	6353 SEX TANT CT	4.3 STREET ADDRESS	710 KANKAKEC LANE
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO FL 32807
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	SMITH, HOKE	5.2 NAME	
STREET ADDRESS	6022 LAKE UNDERHILL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	WAGNER, VIRGINIA	6.2 NAME	
STREET ADDRESS	717 KANKAKEC LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	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, with all other like empowered.

SIGNATURE: *FRANK S. Trout* 3/23/99 277-539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)