

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90032 012 ****61.25

DOCUMENT # N44373

1. Entity Name

ENGELWOOD PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6037 NAVAJO WAY
 ORLANDO FL 32807
 US

6037 NAVAJO WAY
 ORLANDO FL 32807-4332
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3059773

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULRICH, ELIZABETH
502 ENGEL DR
ORLANDO FL 32807

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **TROUT, FRANK**
 STREET ADDRESS **6037 NAVAJO WAY**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MCDavid, WILLIAM C**
 STREET ADDRESS **726 KANKAKEC LANE**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **Treasurer** Change Addition
 NAME **LaPointe, Maryanne**
 STREET ADDRESS **6440 Rockaway St.**
 CITY-ST-ZIP **Orlando, FL 32807**

TITLE **PD** Delete
 NAME **ULRICH, ELIZABETH**
 STREET ADDRESS **502 ENGEL DRIVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HOWELL, WALTER**
 STREET ADDRESS **6024 SHENANDOAH**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **CROSS, BARBARA**
 STREET ADDRESS **710 KANKAKEE LN KANKAKEE**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **WAGNER, VIRGINIA**
 STREET ADDRESS **717 KANKAKEC LANE KANKAKEE**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Elizabeth Ulrich
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 13, 2000

Date

Daytime Phone #

CR2E037 (9/99)