2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # N44373** 1. Entity Name 04-22-2004 90050 010 ****61.25 ENGELWOOD PARK NEIGHBORHOOD ASSOCIATION. INC. Principal Place of Business Meiling Address **6037 NAVAJO WAY** 6037 NAVAJO WAY ORLANDO, FL 32807 ORLANDO, FL 32807 US 2. Principal Place of Business Mailing Address 924 Sun WWW 924 Sunwood Suite, Apt. #, etc. Suite, Apt. #, etc 04132004 Chg-NP CR2E037 (10/03) Applied For City & State 4. FEI Number 59-3059773 City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TULLOCH, JOAN -Street Address (P.O. Box Number is Not Acceptable) 6404 MAINSAIL CT ORLANDO, FL 32807 City 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 NOTE: Peci 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2004 Trust Fund Contribution. Fiorida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President PD TITLE Delete TITLE Change Addition Belinda Ortiz TROUT, FRANK NAME : NAME 924 Sunwood Lake STREET ADORESS 6037 NAVAJO WÁÝ STREET ADDRESS ORLANDO, FL 32807 CITY-ST-ZIP CITY-ST-ZIP FL 32807 rlando TITLE Delete TITLE vice President Change Addition John Lieurance BOWERMAN, TY NAME NAME STREET ADDRESS 620 ENGEL DR. STREET ADDRESS 6009 Shenandoah Way CITY-ST-ZIP ORLANDO, FL 32807 CITY-ST-ZIP <u> Driando, FL 3285</u> Sicretary Barbara Cros TITLE √Z Delete TITLE √ZÍ Change ☐ Addition ORTIZ, BELINDA NAME NAME STREET ADDRESS 926 SUNWOOD LN. STREET ADDRESS Kankakee 710 CITY-ST-ZIP ORLANDO, FL 32807 CITY-ST-ZIP Orlaunala mr. - Additions Delete TITL F Change -NAME DOTSON, SUE NAME 618 SIOUX DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32807 CDY-ST-ZIP TITLE SD ☐ Addition **Delete** TITLE ☐ Change TULLOCH, JOAN NAME NAME 6404 MAINSAIL CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32807 CITY-ST-ZIE ☐ Delete TITLE Secretary Change Addition REDMON, PAT NAME NAME STREET ADDRESS 717 KANKAKEE LANE STREET ADDRESS ORLANDO, FL 32807 CITY-ST-7IP 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.

FILED