


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90025 046 ****61.25

DOCUMENT # N44373 1. Entity Name ENGELWOOD PARK NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 926 SUNWOOD LN ORLANDO FL 32807 US		Mailing Address 926 SUNWOOD LN ORLANDO FL 32807 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3059773	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, BELINDA 926 SUNWOOD LN ORLANDO FL 32807			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, BELINDA 926 SUNWOOD LANE ORLANDO FL 32807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sarah Michaels 6033 Danube Way Orlando, FL 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIEURANCE, JOHN 6009 SHENANDOAH WAY ORLANDO FL 32807	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marilyn McDavid 726 KANKAKEE Ln. Orlando, FL 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSS, BARBARA 710 KANKAKEE ORLANDO FL 32807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barbara Cross <i>change office</i> 710 Kankakee Ln. Orlando, FL 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOTSON, SUE 618 SIOUX DR. ORLANDO FL 32807	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Louise Weatherholt 6007 Navajo Way Orlando, FL 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REDMON, PAT 717 KANKAKEE LANE ORLANDO FL 32807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pat Redmon <i>change address*</i> 6451 Lyons St. Orlando, FL 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Debbie Swann 612 S. Oxalis Ave. Orlando, FL 32807	
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: <u>Pat Redmon</u>			Date: <u>2.9.05</u>		Daytime Phone #: <u>407.275-0698</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #