


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90254 036 ****61.25

DOCUMENT # N44373
1. Entity Name
ENGELWOOD PARK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
**926 SUNWOOD LN
ORLANDO FL 32807
US** **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
Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-3059773 Not Applicable

5. Certificate of Status Desired. **\$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** 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *Belinda Ortiz* DATE: **3-15-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ORTIZ, BELINDA	
STREET ADDRESS	926 SUNWOOD LANE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MICHAELS, SARAH	
STREET ADDRESS	6033 DANUBE WAY	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	T	<input type="checkbox"/> Delete
NAME	CROSS, BARBARA	
STREET ADDRESS	710 KANKAKEE LN	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEATHERHOLT, LOUISE	
STREET ADDRESS	6007 NAVAJO WAY	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	S	<input type="checkbox"/> Delete
NAME	REDMON, PAT	
STREET ADDRESS	6451 LYONS ST	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Marilyn McDavid	
STREET ADDRESS	726 Kankanee Lane	
CITY-ST-ZIP	Orlando, FL 32807	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Hartung	
STREET ADDRESS	5911 Chenango Lane	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	Board of Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Golay	
STREET ADDRESS	6471 McKenzie	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	Board of Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Cross	
STREET ADDRESS	710 Kankakke Lane	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Redmon	
STREET ADDRESS	6451 Lyons St.	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Belinda Ortiz* DATE: **3-15-06** (407) 313-5035