


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90022 034 ****61.25

DOCUMENT # N44373

1. Entity Name
ENGELWOOD PARK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
~~6471 MCKENZIE~~
~~ORLANDO, FL 32807 US~~
P.O. BOX 574413
Orlando, FL 32857-4413

Mailing Address
~~6471 MCKENZIE~~
~~ORLANDO, FL 32807 US~~
P.O. BOX 574413
Orlando, FL 32857-4413

40097101



2. Principal Place of Business - No P.O. Box #
P.O. BOX 574413
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 574413
Suite, Apt. #, etc.

03042008 Chg-NP CR2E037 (12/06)

City & State
Orlando, FL 32857-4413

City & State
Orlando, FL 32857-4413

Zip Country
32857-4413 USA

Zip Country
32857-4413 USA

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

GOLAY, TOM
6471 MCKENZIE
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 _____ DATE 3-11-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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	S	<input checked="" type="checkbox"/> Delete
NAME	LOCKINGTON, STEVE	
STREET ADDRESS	1314 GELWOOD	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOLAY, TOM	
STREET ADDRESS	6471 MCKENZIE	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIEFFERT, DAN	
STREET ADDRESS	703 BROCKWAY	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEATHERHOLT, LOUISE	
STREET ADDRESS	6007 NAVAJO WAY	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	T	<input type="checkbox"/> Delete
NAME	REDMON, PAT	
STREET ADDRESS	6451 LYONS ST	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDavid, MARILYN	
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 checked="" type="checkbox"/> Addition
NAME	Hill, Lynn	
STREET ADDRESS	5931 Navajo Way	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	Board of Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Cassar	
STREET ADDRESS	619 S.. Oxalis Ave.	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	Board of Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Chason	
STREET ADDRESS	6031 Wabash Rd.	
CITY-ST-ZIP	Orlando, FL 32807	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Thomas A. Golay **Thomas A. Golay** 407 380-8668 3-11-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #