

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90129 028 \*\*\*\*\*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  
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

**TULLOCH, JOAN**  
**6404 MAINSAIL CT**  
**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete  
NAME **OSBOURNE, PHYLIS**  
STREET ADDRESS **6340 SEXTANT CT**  
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **Vice President** ☐ Change ☐ Addition  
NAME **Bowerman, Ty**  
STREET ADDRESS **620 Engel Dr.**  
CITY-ST-ZIP **Orlando, FL 32807**

TITLE **PD** ☐ Delete  
NAME **BOWERMAN, TY**  
STREET ADDRESS **502 ENGEL DRIVE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition  
NAME **Secretary**  
STREET ADDRESS **Belinda Ortiz**  
CITY-ST-ZIP **926 Sunwood Ln.**

TITLE **PD** Board ☐ Delete  
NAME **HOSHETLER, SAM**  
STREET ADDRESS **6024 SHENANDOAH**  
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☒ Change ☐ Addition  
NAME **Treasurer**  
STREET ADDRESS **Sue Dotson**  
CITY-ST-ZIP **618 Sioux Dr.**

TITLE **SD** Board ☐ Delete  
NAME **TULLOCH, JOAN**  
STREET ADDRESS **6404 MAINSAIL CT**  
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Change ☐ Addition  
NAME **Orlando, FL 32807**  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **MR** Board ☐ Delete  
NAME **REDMON, PAT**  
STREET ADDRESS **717 KANKAKEE LANE**  
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Frank Trout**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)