

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90028 049 ****70.00

DOCUMENT # N92000000410					
1. Entity Name COLLEGE PARK ASSOCIATION INC.					
Principal Place of Business 170-H COLLEGE DRIVE ORANGE PARK, FL 32065 US			Mailing Address 170-H COLLEGE DRIVE ORANGE PARK, FL 32065 US		
2. Principal Place of Business 170-G COLLEGE DR.			3. Mailing Address 170-G COLLEGE DR.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State ORANGE PK. FL.			City & State ORANGE PK. FL.		
Zip 32065		Country USA		4. FEI Number 65-0375060	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LINTON, JAMES E. 170 COLLEGE DRIVE SUITE H ORANGE PARK, FL 32065					
7. Name and Address of Now Registered Agent Name: CHARLES A. BENDER Street Address (P.O. Box Number is Not Acceptable): 170-G COLLEGE DR. City: ORANGE PK. FL Zip Code: 32065					
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: CHARLES A. BENDER, PRESIDENT 7-6-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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					
TITLE DVPT NAME MORTON, GENE A. STREET ADDRESS 170-E COLLEGE DRIVE CITY-ST-ZIP ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete				
TITLE DPS NAME LINTON, JAMES E STREET ADDRESS 923 ARTHUR MOORE DRIVE CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete				
TITLE D NAME MORRIS, JEAN R STREET ADDRESS 890 WASHINGTON AVE CITY-ST-ZIP ORANGE PARK, FL	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE DVPT NAME CHARLES A. BENDER STREET ADDRESS 170-G COLLEGE DR. CITY-ST-ZIP ORANGE PK., FL. 32065					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE DPS NAME GENE A. MORTON STREET ADDRESS 170-E COLLEGE DR. CITY-ST-ZIP ORANGE PK., FL 32065					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE D NAME TERRY W. MOULIN STREET ADDRESS 170-G COLLEGE DR. CITY-ST-ZIP ORANGE PK., FL. 32065					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE DVPT NAME RICHARD L. GATZ STREET ADDRESS 170-H COLLEGE DR. CITY-ST-ZIP ORANGE PK., FL 32065					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE D NAME MICHAEL D. REEVES STREET ADDRESS 170-I COLLEGE DR. CITY-ST-ZIP ORANGE PK., FL 32065					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 the empowered.					
SIGNATURE: CHARLES A. BENDER 7-6-06 9042982637 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50022052



07052006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0375060

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Now Registered Agent
 Name: CHARLES A. BENDER
 Street Address (P.O. Box Number is Not Acceptable):
 170-G COLLEGE DR.
 City: ORANGE PK. FL Zip Code: 32065

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: CHARLES A. BENDER, PRESIDENT 7-6-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 6, 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
DVPT
NAME
MORTON, GENE A.
STREET ADDRESS
170-E COLLEGE DRIVE
CITY-ST-ZIP
ORANGE PARK, FL 32065

☒ Delete

TITLE
DPS
NAME
LINTON, JAMES E
STREET ADDRESS
923 ARTHUR MOORE DRIVE
CITY-ST-ZIP
GREEN COVE SPRINGS, FL 32043

☒ Delete

TITLE
D
NAME
MORRIS, JEAN R
STREET ADDRESS
890 WASHINGTON AVE
CITY-ST-ZIP
ORANGE PARK, FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
~~DPT~~
NAME
CHARLES A. BENDER
STREET ADDRESS
170-G COLLEGE DR.
CITY-ST-ZIP
ORANGE PK., FL. 32065

☐ Change ☒ Addition

TITLE
DPS
NAME
GENE A. MORTON
STREET ADDRESS
170-E COLLEGE DR.
CITY-ST-ZIP
ORANGE PK., FL 32065

☐ Change ☒ Addition

TITLE
D
NAME
TERRY W. MOULIN
STREET ADDRESS
170-G COLLEGE DR.
CITY-ST-ZIP
ORANGE PK., FL. 32065

☐ Change ☒ Addition

TITLE
DVPT
NAME
RICHARD L. GATZ
STREET ADDRESS
170-H COLLEGE DR.
CITY-ST-ZIP
ORANGE PK., FL 32065

☐ Change ☒ Addition

TITLE
D
NAME
MICHAEL D. REEVES
STREET ADDRESS
170-I COLLEGE DR.
CITY-ST-ZIP
ORANGE PK., FL 32065

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 the empowered.

SIGNATURE: CHARLES A. BENDER 7-6-06 9042982637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #