


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90001 039 \*\*\*\*61.25

**DOCUMENT # N94000004638**

1. Entity Name  
**THE PORCHES OF COLLEGE PARK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**229 EMORY PLACE**  
**ORLANDO, FL 32804 US**

Mailing Address  
**229 EMORY PLACE**  
**ORLANDO, FL 32804 US**

2. Principal Place of Business  
**221 Emory Place**  
 Suite, Apt. #, etc.

3. Mailing Address  
**221 Emory Place**  
 Suite, Apt. #, etc.

City & State  
**Orlando, FL**


City & State  
**Orlando, FL**

Zip  
**32804-5415**

Country  
**USA**

Zip  
**32804-5415**

Country  
**USA**



01142004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

~~DEVERELL, CHRISTOPHER~~  
~~229 EMORY PLACE~~  
~~ORLANDO, FL 32804~~

7. Name and Address of New Registered Agent

Name **Cook, Steve**

Street Address (P.O. Box Number is Not Acceptable)  
**221 Emory Place**

City **Orlando** FL Zip Code **32804-5415**

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  **Steve Cook - Director** **Jan. 27, 2004**

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 May 1, 2004**

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

**Make check payable to Florida Department of State**

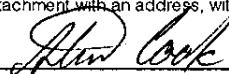
10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TOWNSEND, SUSIE	
STREET ADDRESS	220 W ORLANDO ST	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	THEDIECK, DIANA	
STREET ADDRESS	214 W ORLANDO ST	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDERWERKEN, SHERRY	
STREET ADDRESS	212 W ORLANDO ST	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BREEZE, GENZ	
STREET ADDRESS	223 EMORY PLACE	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEATER, TED	
STREET ADDRESS	218 W ORLANDO ST	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cook, Steve	
STREET ADDRESS	221 Emory Place	
CITY-ST-ZIP	Orlando, FL 32804-5415	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deverell, Christopher	
STREET ADDRESS	229 Emory Place	
CITY-ST-ZIP	Orlando, FL 32804-5415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S, J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREEZE, CAIT	
STREET ADDRESS	223 Emory Place	
CITY-ST-ZIP	Orlando, FL 32804-5415	
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 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:  **Steve Cook** **JAN. 27, 2004** **407-849-1309**

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