

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90130 019 ****61.25

DOCUMENT # N94000004638
1. Entity Name
THE PORCHES OF COLLEGE PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **221 EMORY PL. ORLANDO FL 32804 US**
Mailing Address: **221 EMORY PL. ORLANDO FL 32804 US**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-3273550**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
~~LOAK, STEVE~~
221 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)
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]* DATE: **4/21/05**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	COOK, STEVE	
STREET ADDRESS	221 EMORY PLACE	
CITY-ST-ZIP	ORLANDO FL 32804-5415	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVERELL, CHRISTOPHER	
STREET ADDRESS	229 EMORY PLACE	
CITY-ST-ZIP	ORLANDO FL 32804-5415	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDERWERKEN, SHERRY	
STREET ADDRESS	212 W ORLANDO ST	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BREEZE, CAIT	
STREET ADDRESS	223 EMORY PLACE	
CITY-ST-ZIP	ORLANDO FL 32804-5415	
TITLE	D	<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]* **Steve Cook** DATE: **4/20/05** DAYTIME PHONE: **407-849-1309**