

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90033 031 ****61.25

DOCUMENT # N94000004638

1. Entity Name

THE PORCHES OF COLLEGE PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

221 EMORY PL.
ORLANDO FL 32804
US

221 EMORY PL.
ORLANDO FL 32804
US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. *220A Orlando St* Suite, Apt. #, etc. *220A Orlando St*

1st MOORE CR2E037 (10/06)

City & State *Orlando, FL* City & State *Orlando, FL*

Zip *32804* Country *US* Zip *32804* 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

COOK, STEVE
221 EMORY PLACE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name *David Topetcher*

Street Address (P.O. Box Number is Not Acceptable)
220A Orlando St.

City *Orlando* State **FL** Zip Code *32804*

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* *David Topetcher* DATE *2/10/07*

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY - ST - ZIP	D COOK, STEVE 221 EMORY PLACE ORLANDO FL 32804-5415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEVERELL, CHRISTOPHER 229 EMORY PLACE ORLANDO FL 32804-5415 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANDERWERKEN, SHERRY 212 W ORLANDO ST ORLANDO FL 32804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BREEZE, CAIT 223 EMORY PLACE ORLANDO FL 32804-5415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEATER, TED 218 W ORLANDO ST ORLANDO FL 32804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVID TOPETCHER 220A ORLANDO ST. ORLANDO, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORA TORA 214 ORLANDO ST. ORLANDO, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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 Section 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: *David Topetcher* DATE: *407-649-8513*

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