

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 26, 2009  
Secretary of State**

DOCUMENT# N94000004638

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

**Current Principal Place of Business:**

220A WEST ORLANDO ST.  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

220A WEST ORLANDO ST.  
ORLANDO, FL 32804 US

**New Mailing Address:**

FEI Number: 59-3273550      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOPETCHER, DAVID  
220A WEST ORLANDO ST.  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: TOPETCHER, DAVID  
Address: 220 A WEST ORLANDO ST.  
City-St-Zip: ORLANDO, FL 328045415

Title: D      ( ) Delete  
Name: DEVERELL, CHRISTOPHER  
Address: 229 EMORY PLACE  
City-St-Zip: ORLANDO, FL 328045415

Title: D      ( ) Delete  
Name: VANDERWERKEN, SHERRY  
Address: 212 W ORLANDO ST  
City-St-Zip: ORLANDO, FL 32804

Title: D      ( ) Delete  
Name: TORA, FLORA  
Address: 214 W ORLANDO ST.  
City-St-Zip: ORLANDO, FL 328045415

Title: D      ( ) Delete  
Name: SEATER, TED  
Address: 218 W ORLANDO ST  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID TOPETCHER

D

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date