

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90045 036 ****61.25

DOCUMENT # N94000004707

1. Entity Name
CENTRAL FLORIDA COMMUNITY PROPERTIES, INC.



Principal Place of Business
**2804 BELCO DRIVE
ORLANDO, FL 32808-3357 US**

Mailing Address
**2804 BELCO DRIVE
ORLANDO, FL 32808-3357 US**

401000-



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3270497

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCARTHY, ERIC L
2804 BELCO DRIVE
ORLANDO, FL 32808**

7. Name and Address of New Registered Agent

Name

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, 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, 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	PDCO MCCARTHY, ERIC L 2804 BELCO DRIVE ORLANDO, FL 328083357	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PERSON, GREG 14035 FOX GLOVE STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNIBBS, BYRON 6003 PERSHING AVE ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP JEFFERSON, ALPHONSO 425 N. ORANGE AVE, RM, 260 ORLANDO, FL 32802	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	TD COLEMAN, JOHN 15714 Grace Lake Circle LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, ANDRIA 200 N. LAKEVIEW AVE. WINTER PARK, FL 32792	<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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

Daytime Phone #

ATTACHMENT

40103139

#P020000068081

CENTRAL FLORIDA COMM. PROPERTIES

Check Request Form Effective 12/01/00

Date of Request 4/27/06 Acct. Number: 4400 865 Amount of Request 61.25Due Date 5/1/06 Invoice No. N94000067707 Check Number _____Make Check Payable To: FLORIDA DEPARTMENT OF STATEAddress: DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Phone: _____

Purpose/Reason of Request: ANNUAL RENEWAL FILMS FEE Documentation ☒ Yes ☐ NoHandling Instructions: ☐ Mail to Payee ☐ Return to Requestor ☐ Hold for Pick-upApproval Status: ☐ Approved ☐ Approved with Conditions (see below)

Requester's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Manager's Signature _____ Date _____

President/CEO _____ Date _____

Charge to Department as Follows:

	108	Cash		878	Depreciation	
	260	Fixed Assets		901	Legal & Accounting	
	280	Accum. Depreciation		903	Interest Expense	
	420	Deposits Payable		910	Real Estate Taxes	
	450	Mortgage Payable		920	Insurance	
	480	Deferred Income		930	Repairs and Maintenance	
	561	Fund Balance		938	Telephone	
	601	Rental Income		940	Meals and Entertainment	
	602	Other Income		945	Utilities	
	865	Contribution	<u>61.25</u>	955	Security	

Allocation prepared by: Jebb Wale Date: 4-27-07 *DIRECT EXPENSES ONLYAllocation Approved by: _____ Date: _____
(Fiscal manager, Controller, or President/CEO)

Accounting Dept. Signature: _____ Date: _____

(Payment Verification)

CHECK REQUESTS DENIED OR MODIFIED

Check Request not approved for the following reasons: _____

Check Request will be approved if the following conditions are met: _____

Signature _____ Date: _____

Check request forms are to be submitted to Controller, after approval of supervisor, by 5 pm on Wednesday to receive a check the following Friday. Travel advances, agency purchases, mileage reports, special purchase requests shall be submitted with documentation supporting request. Item(s) need to be verified by program budget and available.