

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

4U100-



04272007 Chg-NP CR2E037 (12/06)

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**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
PDCO
NAME
MCCARTHY, ERIC L
STREET ADDRESS
2804 BELCO DRIVE
CITY-ST-ZIP
ORLANDO, FL 328083357

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
CD
NAME
PERSON, GREG
STREET ADDRESS
14035 FOX GLOVE STREET
CITY-ST-ZIP
WINTER GARDEN, FL 34787

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
TD
NAME
KNIBBS, BYRON
STREET ADDRESS
6003 PERSHING AVE
CITY-ST-ZIP
ORLANDO, FL 32822

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
2VP
NAME
JEFFERSON, ALPHONSO
STREET ADDRESS
425 N. ORANGE AVE, RM. 260
CITY-ST-ZIP
ORLANDO, FL 32802

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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

#P02000068081

CENTRAL FLORIDA COMM. PROPERTIES

Check Request Form Effective 12/01/00

Date of Request 4/27/06 Acct. Number: 400865 Amount of Request 61.25Due Date 5/1/06 Invoice No. N9400006707 Check Number _____Make Check Payable To: FLORIDA DEPARTMENT OF STATEAddress: DIVISION OF CORPORATION
P.O. BOX 15200
TALLAHASSEE, FL 32302-1520

Phone: _____

Purpose/Reason of Request: ANNUAL RENEWAL FILINGS 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:

| CHARGE TO DEPARTMENT | AMOUNT | DEPARTMENT | AMOUNT | DEPARTMENT | AMOUNT |
|----------------------|---------------------|------------|--------|------------|-------------------------|
| 108 | Cash | | | 878 | Depreciation |
| 260 | Fixed Assets | | | 901 | Legal & Accounting |
| 280 | Accum. Depreciation | | | 903 | Interest Expense |
| 420 | Deposits Payable | | | 910 | Real Estate Taxex |
| 450 | Mortgage Payable | | | 920 | Insurance |
| 460 | 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 | 61.25 | | 955 | Security |

*DIRECT EXPENSES ONLY

Date: 4-27-07Allocation prepared by: John Wade Date: _____Allocation Approved by: J. Wade (Fiscal manager, Controller, or President/CEO) Date: _____

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.