2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000000783

1. Entity Name
ORLANDO/CENTRAL FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, IN

Principal Place of Business	Mailing Address
P.O. BOX 56 WINTER PARK, FL 32790-0056	P.O. BOX 56 WINTER PARK, FL 32790-0056

04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3334133
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOLER, THAIS R
3834 E. MICHIGAN ST
ORLANDO, FL 32812

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000305885
04/14/05-80104-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOLES, JILL
STREET ADDRESS	1120 EGAN DR
CITY ST ZIP	ORLANDO, FL 328225938
TITLE	PD
NAME	PARKER, TERESA
STREET ADDRESS	9816 E COLONIAL DR
CITY ST ZIP	ORLANDO, FL 32817
TITLE	VPT
NAME	MEEKS, ROBERT
STREET ADDRESS	460 SEMORAN BLVD #104
CITY ST ZIP	CASSELBERRY, FL 337074938
TITLE	TD
NAME	SOLER, THAIS R
STREET ADDRESS	3854 E. MICHIGAN ST
CITY ST ZIP	ORLANDO, FL 32812
TITLE	ST
NAME	ROBERTS, MARTY
STREET ADDRESS	PO BOX 1408
CITY ST ZIP	MOUNT DORA, FL 32756
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Thais R Soler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR