2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jun 19, 2007 8:00 am
Secretary of State
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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	3834 E MICHIGAN STREET ORLANDO, FL 32812

66019403

04132007 No Chg-NP CR2E037 (4/06)

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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

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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 Thais R Soler 5/16/07
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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMPSON, FRED
STREET ADDRESS	3834 E MICHIGAN STREET
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	~~SD~~
NAME	BOLES, JILL
STREET ADDRESS	1112 EDAN DRIVE
CITY-ST-ZIP	ORLANDO, FL 328225938
TITLE	~~VSP~~ P
NAME	BLAKE, DIANA
STREET ADDRESS	4515 CURRY FORD RD
CITY-ST-ZIP	ORLANDO, FL 32812
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	VP
NAME	STEVE FLEWELING
STREET ADDRESS	C/O 3834 E. Mich ST
CITY-ST-ZIP	ORLANDO, FL 32812

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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: Thais R Soler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #