

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90042 030 ****61.25

DOCUMENT # N96000000783					
1. Entity Name ORLANDO/CENTRAL FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, IN					
Principal Place of Business P.O. BOX 56 WINTER PARK, FL 32790-0056			Mailing Address 3834 E MICHIGAN STREET ORLANDO, FL 32812		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 274 Wilshire Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 282			
City & State		City & State Casselberry, FL			
Zip	Country	Zip 32707	Country USA		
4. FEI Number 59-3334133				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOLER, THAIS R 3834 E. MICHIGAN ST ORLANDO, FL 32812			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 P NAME THOMPSON, FRED STREET ADDRESS 3834 E MICHIGAN STREET CITY-ST-ZIP ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete		TITLE P NAME Soler, Thais R STREET ADDRESS 3854 E Michigan St. CITY-ST-ZIP Orlando FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPT NAME BLAKE, DIANA STREET ADDRESS 4515 CURRY FORD RD CITY-ST-ZIP ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete		TITLE VPT NAME Beard, Shawn STREET ADDRESS 3854 E Michigan St. CITY-ST-ZIP Orlando FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SOLER, THAIS R STREET ADDRESS 3854 E. MICHIGAN ST CITY-ST-ZIP ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Speak, Jessica A. H. STREET ADDRESS 274 Wilshire Blvd Ste 282 CITY-ST-ZIP Casselberry FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME ROBERTS, MARTY STREET ADDRESS PO BOX 1408 CITY-ST-ZIP MOUNT DORA, FL 32756	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME FLEWELING, STEVE STREET ADDRESS C/O 3834 E. MICH ST CITY-ST-ZIP ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete		TITLE V NAME Blake, Diana STREET ADDRESS 4515 Curry Ford Rd CITY-ST-ZIP Orlando, FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		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: <u>Jessica A H Speak</u> <u>Jessica A H Speak</u> 1/23/08 407 339 5797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					