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Apr 15 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005977 (1)

1. Corporation Name

WASHINGTON PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

700 CAMPANELLA AVENUE  
ORLANDO FL 32811

Mailing Address

700 CAMPANELLA AVENUE  
ORLANDO FL 32811-4509



2. Principal Place of Business		2a. Mailing Address	
21 4600 Lenox Blvd		26 4600 Lenox Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Orlando, FL		28 Orlando, FL	
24 Zip 32811		29 Zip 32811	
Country USA		Country USA	

3. Date Incorporated or Qualified 11/18/1996	3a. Date of Last Report -
4. FEI Number 593436842	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ASHLEY, DJUAN  
700 CAMPANELLA AVENUE  
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name	Bobby Watson
82 Street Address (P.O. Box Number is Not Applicable)	4600 Lenox Blvd
83	
84 City	Orlando
85 State	FL
86 Zip Code	32811

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Bobby Watson (Bobby Watson) DATE 4/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman / Director	1.1 TITLE	Chairman / Director
NAME	Djuan L. Askley	1.2 NAME	Bobby Watson
STREET ADDRESS	700 Campanella Avenue	1.3 STREET ADDRESS	4600 Lenox Blvd
CITY-ST-ZIP	Orlando, Florida 32811	1.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE		2.1 TITLE	T-Trustee
NAME		2.2 NAME	Sharon Pierre
STREET ADDRESS		2.3 STREET ADDRESS	4605 Lenox Blvd / P.O. Box 666495
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32811 / Orlando, FL 32861
TITLE		3.1 TITLE	T-Trustee
NAME		3.2 NAME	Juanita Sanders
STREET ADDRESS		3.3 STREET ADDRESS	4619 Lenox Blvd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE		4.1 TITLE	T-Trustee
NAME		4.2 NAME	Mary Davis
STREET ADDRESS		4.3 STREET ADDRESS	4637 Lenox Blvd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Bobby Watson (Bobby Watson) DATE 4/17/97

CR2E037 (9/96)