

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90721 011 \*\*\*\*70.00

**DOCUMENT # N96000005977**

1. Entity Name

**WASHINGTON PARK NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

4600 LENOX BLVD.  
 ORLANDO FL 32811  
 US

Mailing Address

4600 LENOX BLVD.  
 ORLANDO FL 32811  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3436842**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WATSON, BOBBY~~  
~~4600 LENOX BLVD.~~  
~~ORLANDO FL 32811~~

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PD	WATSON, BOBBY	4600 LENOX BLVD. ORLANDO FL 32811	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VPT	SMITH, RAZZIE	1030 CAMPANELLA AVE ORLANDO FL 32811	<input checked="" type="checkbox"/>		VPT	Dodd, William 4453 College Drive Orlando, FL 32811		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	T	SANDERS, JUANITA	4519 LENOX RD. ORLANDO FL 32811	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ST	WELLS, JEANENE	4559 W. GORE ST. ORLANDO FL 32811	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TSAA	WATSON, JOSEPHINE	4600 LENOX BLVD ORLANDO FL 32811	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	AS	OLIVER, KIMBERLY Y	4404 LENOX BLVD. ORLANDO FL 32811	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

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: Bobby Watson 4/15/2002 407-290-0349  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR