

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90183 036 \*\*\*\*61.25

<b>DOCUMENT # N96000005977</b> 1. Entity Name <b>WASHINGTON PARK NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business <b>4537 COLLEGE DRIVE</b> <b>ORLANDO, FL 32811 US</b>		Mailing Address <b>4537 COLLEGE DRIVE</b> <b>ORLANDO, FL 32811 US</b>	
2. Principal Place of Business <b>4600 Lenox Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>4600 Lenox Blvd.</b> Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32811</b>		Zip <b>32811</b>	
Country <b>Orange</b>		Country <b>Orange</b>	
4. FEI Number <b>47-0864154</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TUKES, CATHERINE R</b> <b>4537 COLLEGE DRIVE</b> <b>ORLANDO, FL 32811</b>		7. Name and Address of New Registered Agent Name <b>Bobby Watson</b> Street Address (P.O. Box Number is Not Acceptable) <b>4600 Lenox Blvd.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32811</b>	
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 <u>B</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUKES, CATHERINE R 4537 COLLEGE DRIVE ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bobby Watson 4600 Lenox Blvd. Orlando, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DODD, WILLIAM C 4453 COLLEGE DR ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERS, JUANITA 4519 LENOX BLVD ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tula Mae Williams 4543 Lenox Blvd. Orlando, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, CYNTHIA 760 WILLIE MAYS PARKWAY ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WALTER 4543 LENOX BLVD ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.			
<b>SIGNATURE: Bobby Watson, Bobby Watson President</b> <b>05/01/06</b> <b>407-256-9679</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			