

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90033 003 \*\*\*\*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**



03162008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>47-0864154</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WATSON, BOBBY  
4600 LENOX BLVD  
ORLANDO, FL 32811**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, BOBBY 4600 LENOX BLVD ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DODD, WILLIAM C 4453 COLLEGE DR ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACWILLIAMS, LULA 4543 LENOX BLVD ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, CYNTHIA 760 WILLIE MAYS PARKWAY ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WALTER 4543 LENOX BLVD ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Bobby Watson Bobby Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/16/08*  
Date

*407-216-3315*  
Daytime Phone #