2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N96000005977

Entity Name: WASHINGTON PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

4600 LENOX BLVD
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

4600 LENOX BLVD
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 47-0864154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WATSON, BOBBY
4600 LENOX BLVD
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WATSON, BOBBY
Address: 4600 LENOX BLVD
City-St-Zip: ORLANDO, FL 32811 US

Title: V ( ) Delete
Name: DODD, WILLIAM C
Address: 4453 COLLEGE DR
City-St-Zip: ORLANDO, FL 32811

Title: T ( ) Delete
Name: MACWILLIAMS, LULA
Address: 4543 LENOX BLVD
City-St-Zip: ORLANDO, FL 32811

Title: S ( ) Delete
Name: BAKER, CYNTHIA
Address: 760 WILLIE MAYS PARKWAY
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: WILLIAMS, WALTER
Address: 4543 LENOX BLVD
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY WATSON P 01/07/2009

Electronic Signature of Signing Officer or Director — Date