

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90013 009 ****61.25

DOCUMENT # N97000002293

1. Entity Name
MARMALADE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
1254 S JOHN YOUNG PKWY
KISSIMMEE, FL 34741

Mailing Address
1254 S JOHN YOUNG PKWY
KISSIMMEE, FL 34741

40034742



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3555003

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

WILLIAMS, REIDY
11757 S ORANGE BLOSSOM TRAIL, STE A
ORLANDO, FL 32837

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. 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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete
NAME CHALIFOUX, THOMAS JR.
STREET ADDRESS 3500 OLD TAMPA HWY.
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STT ☐ Delete
NAME WILLIAMS, REIDY
STREET ADDRESS 11757 S. ORANGE BLOSSOM TR., STE A
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☒ Change ☐ Addition
NAME STT Williams, Reidy
STREET ADDRESS 11829 S. Orange Blossom Tr.
CITY-ST-ZIP Orlando FL 32837

TITLE T ☐ Delete
NAME WILLIAMS, BOBBY
STREET ADDRESS 11757 S. ORANGE BLOSSOM TR., STE A
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☒ Change ☐ Addition
NAME T Williams, Bobby
STREET ADDRESS 11829 S. Orange Blossom Tr
CITY-ST-ZIP Orlando FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas E. Chalifoux Jr 03/13/07 407-86-9777