

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

FILED
Apr 01, 2008 08:00 AM
Secretary of State

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**



01182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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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

U00000876514

04/11/08-80076-004 61.25

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STT
WILLIAMS, REIDY
11829 S. ORANGE BLOSSOM TR.
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WILLIAMS, BOBBY
11829 S. ORANGE BLOSSOM TR.
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Chalifoux Jr

3/28/08

407-846-0977

Date

Daytime Phone #