

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000551

FILED  
Apr 14, 2006  
Secretary of State

**Entity Name:** ORLANDO POSTAL EMPLOYEES' RECREATION CLUB, INCORPORATED

**Current Principal Place of Business:**

2100 OPERC DRIVE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

2048 OPERC DR  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:** 59-3519351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROMANO, JOHN  
2048 OPERC DRIVE  
WINDERMERE, FL 34786 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: DP ( ) Delete  
Name: ROMANO, JOHN  
Address: 2048 OPERC DR.  
City-St-Zip: WINDERMERE, FL 34786

Title: DV ( ) Delete  
Name: CROSS, ALAN  
Address: 2034 OPERC DR.  
City-St-Zip: WINDERMERE, FL 34786

Title: DV ( ) Delete  
Name: LARRISON, REX  
Address: 2110 OPERC DR  
City-St-Zip: WINDERMERE, FL 34786

Title: DT ( ) Delete  
Name: HARRIMAN, DEL  
Address: 2108 OPERC DR  
City-St-Zip: WINDERMERE, FL 34786

Title: DS ( ) Delete  
Name: MYERS, RICHARD  
Address: 2114 OPERC DR  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DV (X) Change ( ) Addition  
Name: AMERSON, JOSEPH  
Address: 2042 OPERC DR  
City-St-Zip: WINDERMERE, FL 34786

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

Title: DS (X) Change ( ) Addition  
Name: SCHWEISGUTH, WILLIAM  
Address: 2118 OPERC DR  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN ROMANO

DP

04/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date