

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000002025

1. Entity Name
**THE PORCHES OF ATKIN'S PLACE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**215 NORTH EOLA DRIVE
ORLANDO, FL 32802**

Mailing Address
**P.O. BOX 2809
ORLANDO, FL 32802-2809**



01242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3647545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HIGGINS, ROBERT F
215 NORTH EOLA DRIVE
ORLANDO, FL 32802**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000644433
03/02/07 80042-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUSE, PHILLIP
STREET ADDRESS	837 ELLWOOD AVE
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	SD
NAME	MC MILLAN, SUSAN
STREET ADDRESS	1021 ATKINS PL
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	TD
NAME	KNOCK, GARY
STREET ADDRESS	833 ELLWOOD AVENUE
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Phillip Muse *Th. H. P. Muse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/07
Date

407-481-2721
Daytime Phone #