

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90030 028 ****61.25

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1. Entity Name
FRIENDS OF OLD SETTLERS PARK, INC.



Principal Place of Business

**88765 OVERSEAS HWY
TAVERNIER, FL 33070**

Mailing Address

**P.O. BOX 43
TAVERNIER, FL 33070**

DO NOT WRITE IN THIS SPACE

01192006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-0838033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, ALICE C
133 SUNRISE DRIVE
TAVERNIER, FL 33070**

**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

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLEN, ALICE
STREET ADDRESS	133 SUNRISE DR., P.O. BOX 205
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	D
NAME	MURPHY, SYLVIA
STREET ADDRESS	150 JO JEAN WAY
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	D
NAME	DUNN, ANNE
STREET ADDRESS	183 HARBOUR VIEW DR., P.O. BOX 483
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	D
NAME	ARROYO, JEAN
STREET ADDRESS	191 LOWE STREET
CITY-ST-ZIP	TAVERNIER, FL 33070
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:

Sylvia Murphy **SYLVIA MURPHY**

1-24-06

3058525673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #