


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000002116 1. Entity Name FRIENDS OF OLD SETTLERS PARK, INC.	
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Principal Place of Business 88765 OVERSEAS HWY TAVERNIER, FL 33070	Mailing Address P.O. BOX 43 TAVERNIER, FL 33070
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DO NOT WRITE IN THIS SPACE

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01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0838033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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

U00000661830
03/20/07-80058-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, ALICE 133 SUNRISE DR., P.O. BOX 205 TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, SYLVIA 150 JO JEAN WAY TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, ANNE 183 HARBOUR VIEW DR. ,P.O. BOX 483 TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARROYO, JEAN 191 LOWE STREET 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 J. Murphy SYLVIA J. MURPHY 3-5-07 305852-7175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #