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Jun 04 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P38991 (6)

1. Corporation Name

NATIONAL RECREATION AND PARK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2775 SOUTH QUINCY ST., SUITE 300  
ARLINGTON VA 22206

2775 SOUTH QUINCY ST., SUITE 300  
ARLINGTON VA 22206

3. Date Incorporated or Qualified

05/28/1992

4. FEI Number

13-5563001

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 22377 Belmont Ridge Rd.  
Suite, Apt. #, etc.

26 22377 Belmont Ridge Rd.  
Suite, Apt. #, etc.

22  
City & State  
23 Ashburn, VA

27  
City & State  
28 Ashburn, VA

24 20148-4501 25 USA

29 20148-4501 30 USA

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAINELLA, FRAN P  
881 MADERIA CIRCLE  
TALLAHASSEE FL 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CT ☐ DELETE  
NAME O'BRIEN, ERIC  
STREET ADDRESS 120 PHILIP STREET  
CITY-ST-ZIP MEDFIELD MA 02052

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VC ☐ DELETE  
NAME WILKINSON, RI  
STREET ADDRESS 4902 PARK HOLLOW DR  
CITY-ST-ZIP BATON ROUGE LA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PE ☐ DELETE  
NAME JARVI, CHRISTOPHER K  
STREET ADDRESS 1716 BEECHWOOD  
CITY-ST-ZIP FULLERTON CA

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME JARVI, CHRISTOPHER K  
3.3 STREET ADDRESS 1716 BEECHWOOD  
3.4 CITY-ST-ZIP FULLERTON, CA

TITLE T ☐ DELETE  
NAME NOCHE, P MARTIN  
STREET ADDRESS 10327 GODDARD  
CITY-ST-ZIP OVERLAND PARK KA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE P ☒ DELETE  
NAME MAINELLA, FRAN P  
STREET ADDRESS 881 MADERIA CIR  
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME TICE, R DEAN  
5.3 STREET ADDRESS 22377 BELMONT RIDGE RD  
5.4 CITY-ST-ZIP ASHBURN, VA

TITLE S ☐ DELETE  
NAME ANDERSON, JUDITH  
STREET ADDRESS 9125 W BUSH LAKE  
CITY-ST-ZIP MINNEAPOLIS MN

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RIDEAN TICE

5/18/98

(703) 858-0784

CR2E037 (1097)