


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90014 041 \*\*\*\*61.25

<b>DOCUMENT # 728137</b>			
1. Entity Name 1200 PARK AVENUE ASSOCIATION, INC.		Principal Place of Business 1924 W. PRINCETON ST. ORLANDO, FL 32804 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3316878		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		7. Name and Address of New Registered Agent	
KOBIN, HARVEY N 1216 PARK AVENUE NORTH WINTER PARK, FL 32789		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Harvey N. Kobin</i>		DATE 01/28/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reconstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWTON, THOMAS C DR.	NAME	
STREET ADDRESS	1208 PARK AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBIN, HARVEY N	NAME	
STREET ADDRESS	1216 PARK AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORSWICK, RONALD J	NAME	
STREET ADDRESS	1212 PARK AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, WILBUR DR.	NAME	
STREET ADDRESS	1210 PARK AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLISLE, MARGARET A	NAME	
STREET ADDRESS	371 PUTNAM LANE	STREET ADDRESS	305 S. NORTHLAKE BLVD. #1003
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 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: <i>Margaret A. Carlisle</i>		DATE: 01/28/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 407/843-1000	