


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90047 018 \*\*\*\*61.25

**DOCUMENT # 728137**

1. Entity Name  
**1200 PARK AVENUE ASSOCIATION, INC.**



Principal Place of Business  
**1924 W. PRINCETON ST.  
 ORLANDO FL 32804  
 US**

Mailing Address  
**1216 PARK AVENUE NORTH  
 WINTER PARK FL 32789**

2. Principal Place of Business  
**2001 LEE RD, SUITE A**


3. Mailing Address  
**2001 LEE RD  
 SUITE A**

City & State  
**WINTER PARK, FL**

City & State  
**WINTER PARK, FLORIDA**

Zip  
**32789**

Country  
**USA**



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3316878** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KOBRIN, HARVEY N  
 1216 PARK AVENUE NORTH  
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent  
 Name **W. THEODORE SCHWARTZ II**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2001 LEE RD  
 SUITE A**  
 City **WINTER PARK** FL Zip Code **32789**

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 *W. Theodore Schwartz II* **W. THEODORE SCHWARTZ II** **2/7/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25 Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D LAWTON, THOMAS C DR. 1208 PARK AVENUE NORTH WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KOBRIN, HARVEY N 1216 PARK AVENUE NORTH WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WORSWICK, RONALD J 1212 PARK AVENUE NORTH WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, WILBUR DR. 1210 PARK AVENUE NORTH WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLISLE, MARGARET A 305 S NORTHLAKE BLVD., #1003 LAKE MARY FL 32746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D W. THEODORE SCHWARTZ II 2001 LEE RD, SUITE A WINTER PARK FL 32789 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *W. Theodore Schwartz II* **W. THEODORE SCHWARTZ II** **2/7/05** **(407) 647-2131**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #