## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44373

Entity Name: ENGELWOOD PARK NEIGHBORHOOD ASSOCIATION, INC.

FILED
Mar 05, 2017
Secretary of State
CC5225304235

## **Current Principal Place of Business:**

501 N. SEMORAN BLVD.

# 574413

ORLANDO, FL 32857-4413

## **Current Mailing Address:**

P.O. BOX 574413

ORLANDO, FL 32857-4413 US

FEI Number: 59-3059773 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ALSTOTT, DEBRA 501 N. SEMORAN BLVD. 574413 ORLANDO, FL 32857-4413 US

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.

SIGNATURE: DEBRA ALSTOTT 03/05/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VP

Name ALSTOTT, DEBRA Name COOPER, TOM

Address 501 N. SEMORAN BLVD. Address 501 N. SEMORAN BLVD.

# 574413 # 574413

City-State-Zip: ORLANDO FL 32857-4413 City-State-Zip: ORLANDO FL 32857-4413

Title T, S Title D

Name LORENTZ, ROBERT Name REYNOLDS, DON

Address 501 N. SEMORAN BLVD. Address 501 N. SEMORAN BLVD.

City-State-Zip: ORLANDO FL 32857 # 574413

City-State-Zip: ORLANDO FL 32857-4413

Title D

Name LOVE, RANDY

Address 501 N. SEMORAN BLVD.

# 574413

City-State-Zip: ORLANDO FL 32857-4413

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail