

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44373

Entity Name: ENGELWOOD PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

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

FILED
Mar 31, 2014
Secretary of State
CC3478214334

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

03/31/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ALSTOTT, DEBRA
Address 501 N. SEMORAN BLVD.
574413
City-State-Zip: ORLANDO FL 32857-4413

Title VP
Name BARROTT, ALFREDO
Address 501 N. SEMORAN BLVD.
574413
City-State-Zip: ORLANDO FL 32857-4413

Title T, S
Name LORENTZ, ROBERT
Address 501 N. SEMORAN BLVD.
City-State-Zip: ORLANDO FL 32857

Title D
Name RODRIGUEZ, IRIS
Address 501 N. SEMORAN BLVD.
City-State-Zip: ORLANDO FL 32857

Title D
Name COOPER, TOM
Address 501 N. SEMORAN BLVD.
574413
City-State-Zip: ORLANDO FL 32857-4413

Title D
Name REYNOLDS, DON
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.

SIGNATURE: DEBRA ALSTOTT

PRESIDENT

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date