

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743083 (8)

1. Corporation Name

THE QUARTERS AT WINTER PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

266 WILSHIRE BLVD  
SUITE #110  
CASSELBERRY FL 32707  
US

266 WILSHIRE BLVD  
SUITE #110  
CASSELBERRY FL 32707  
US

3. Date Incorporated or Qualified

06/01/1978

3a. Date of Last Report

05/01/1995

2. Principal Place of Business  
21 2180 W SR 434

2a. Mailing Address  
26 2180 W SR 434

4. FEI Number

59-1938091

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
SUITE 5000

27 Suite, Apt. #, etc.  
SUITE 5000

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State  
LONGWOOD, FL

28 City & State  
LONGWOOD, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

32779

25 Country

USA

29 Zip

32779

30 Country

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

FOWLER, KIMBERLY  
266 WILSHIRE BLVD  
SUITE #110  
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name  
JAMES W HART JR  
82 Street Address (P.O. Box Number is Not Acceptable)  
SENTRY MANAGEMENT INC.  
83  
2180 WEST SR 434, SUITE 5000  
84 City  
LONGWOOD  
85 Zip Code  
FL 32779

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)

3/6/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POWERS, SANDRA	
STREET ADDRESS	1110 WASHINGTON AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, TRACY	
STREET ADDRESS	1136 WASHINGTON AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, ERICA	
STREET ADDRESS	1120 WASHINGTON AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DARBY, ELIZABETH	
STREET ADDRESS	1132 WASHINGTON AVE.	
CITY-ST-ZIP	WINTER PK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALBRAITH, DEBRA	
STREET ADDRESS	1142 WASHINGTON AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ENHOLM, MARY	
13 STREET ADDRESS	1128 WASHINGTON AVE	
14 CITY-ST-ZIP	WINTER PARK, FL	
21 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	KENNEY, KARLA KAY	
23 STREET ADDRESS	1124 WASHINGTON AVE	
24 CITY-ST-ZIP	WINTER PARK, FL	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	WALL, ELIZABETH	
33 STREET ADDRESS	1114 WASHINGTON AVE	
34 CITY-ST-ZIP	WINTER PARK, FL	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	GRAHAM, PATRICIA	
43 STREET ADDRESS	1122 WASHINGTON AVE	
44 CITY-ST-ZIP	WINTER PARK, FL	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Sandra Powers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MAR 96

Date

407 679-6655

Daytime Phone #

CR2E037 (12/95)