

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743083 (8)

1. Corporation Name
THE QUARTERS AT WINTER PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2180 W SR 434 SUITE 5000 LONGWOOD FL 32779 US	Mailing Address 2180 W SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US
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3. Date Incorporated or Qualified 06/01/1978	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 59-1938091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JAMES W. HART JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	POWERS, SANDRA	1.2 NAME	POWERS, SANDRA
STREET ADDRESS	1110 WASHINGTON AVE	1.3 STREET ADDRESS	1110 WASHINGTON AVE
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	VD	2.1 TITLE	PD
NAME	ENHOLM, MARY	2.2 NAME	ENHOLM, MARY
STREET ADDRESS	1128 WASHINGTON AVE	2.3 STREET ADDRESS	1128 WASHINGTON AVE
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	STD	3.1 TITLE	D
NAME	KENNEY, KARLA KAY	3.2 NAME	PARKE, WILLIAM
STREET ADDRESS	1124 WASHINGTON AVE	3.3 STREET ADDRESS	1132 WASHINGTON AVE
CITY-ST-ZIP	WINTERPARK FL	3.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	D	4.1 TITLE	
NAME	WALL, ELIZABETH	4.2 NAME	
STREET ADDRESS	1114 WASHINGTON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	GRAHAM, PATRICIA	5.2 NAME	
STREET ADDRESS	1122 WASHINGTON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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 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: *Mary Enholtm* 3/22/97 407-306-4367

CR2E037 (9/96)