

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743083

FILED
Apr 05, 2007
Secretary of State

Entity Name: THE QUARTERS AT WINTER PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3320300 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALBRAITH, DEBRA L
Address: 1142 WASHINGTON AVE
City-St-Zip: WINTER PARK, FL 32789

Title: VPD () Delete
Name: POWERS, SANDRA P
Address: 1110 WASHINGTON AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: SD () Delete
Name: MORRIS, ROBERT J
Address: 1120 WASHINGTON AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: TD () Delete
Name: ELZINGA, CLARISSA U
Address: 1116 WASHINGTON AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: GRAHAM, PATRICIA B
Address: 1122 WASHINGTON AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBRA L GALBRAITH

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date