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

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

753262

(5)

Substitution   Subs	WOOD	CREST CONDOMINIUM AS	SSOCIATION, INC.						
WINTER PARK FL 32782-5444  ### City ### Country ### City ### Country ### City ### Country ### City ###	Principal Place	e of Business	Mailing Address				T TEREST IS DOT BITTO TILLE HOTE #HEND II	BI OLDIY ELGIY AYDAL O	/D)/ @IEIL D/@IL IDDL
2									
Sulic, Apt   8, etc.								3a. Date of Li 02/22	st Report /1996
Suite, Apt #, etc.   23   29   20   20   20   20   20   20   20	2. Principal P	lace of Business	2a. Mailing Address						Applied For
27							59-2066307		<del></del>
City & State   Country   Zip   Country   2   Countr		#, etc.	<u> </u>				6. Certificate of Status Desired	1 1	
22		е					& Election Compaign Financing		····
27p	<u> </u>		<del>},</del> -						
25		Country		Coun	try		· · · · · · · · · · · · · · · · · · ·		
CASH, SIDNEY G 1920 WOODCREST DR WINTER PARK FL 32792  82 Street Address (P.O. Box Number is Not Acceptable)  83    84 City   FL   85 Zip Code  85    86    87   Street Address (P.O. Box Number is Not Acceptable)  88    89   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Number   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   Street Address (P.O. Box Number is Not Acceptable)  85   Street Address (P.O. Box Number is Not Acceptable)  86   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  84   City Street Address (P.O. Box Number is Not Acceptable)  85   Street Address (P.O. Box Number is Not Acceptable)  86   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   Street Address (P.O. Box Number is Not Acceptable)  85   Street Address (P.O. Box Number is	24			30			Florida Statutes	Yes No	
CASH, SIDNEY G 1920 WOODCREST DR WINTER PARK FL 32792  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 68 Zip Code  85 City FL 68 Zip Code  86 City FL 68 Zip Code  87 City FL 68 Zip Code  88 City FL 68 Zip Code  88 City FL 68 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City FL 68 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Cod		9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Rep	stered Agent	
## City ## Cit				1	31   N:	ame			
WINTER PARK FL 32792  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 agent. I am familiar with, and accept the obligations of, Soction 617,0503. Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILLE  PD  DELETE  11 TILLE  MAKE  TRICE, MARY BETH  12 XMME  1820 WOODCREST DRIVE \$18  13 SIRRET ADDRESS  WINTER PARK, FL 00000  14 GITY-ST-2IP  TILLE  WHITTED, MARIE C  22 RMME  SIRRET ADDRESS  CITY-ST-2IP  TILLE  SD  DELETE  31 TILLE  SOC DELETE  31 TILLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ACITY-ST-2IP  TILLE  SOC DELETE  31 TILLE  S					82 Street Address (P.O. Box Number is Not Acceptable)				
THILE NAME SIREET ADDRESS OFFI-ST-ZPP WINTER PARK, FL 00000 DELETE 11 TITLE SAXE, PATRICIA T. 122 NAME SIREET ADDRESS 1920 WOODCREST DR. #18 SAXE, PATRICIA T. 1920 WOODCREST DR. #18 SIRRET ADDRESS SAXE, PATRICIA T. 1920 WOODCREST DR. #18 SIRRET ADDRESS SAXE, PATRICIA T. 1920 WOODCREST DR. #18 SIRRET ADDRESS SAXE SAXE SAXE SAXE SAXE SAXE SAXE S				ļ.	-				
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 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 arm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    To	WINTER	PARK FL 32/92			"				
SIGNATURE				[4	94 C	ity		85	Zip Code
SIGNATURE	11. Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the Starm familiar with, and accept the obli	502 and 617.1508, Florida Stati te of Florida, Such change was pations of Section 617.0503.	utes, the aboat authorized	ove-na by the	med corpo corporatio	oration submits this statement for the pon's board of directors. I hereby accept	rpose of chang t the appointmen	ing its registered at as registered
NOTE   Representative		intractinal stiff and accept the obli	ganono cil pocheri o i i i cocol i	ionoa onara					
TITLE					Agent sig	nature required			
TRICE, MARY BETH   12 MME   1920 WOODCREST DRIVE #18   13 STREET ADDRESS   14 CITY-ST-ZIP	····						ADDITIONS/CHANGES TO OFFIC		
1.9 STREET ADDRESS   1920 WOODCREST DRIVE #16			been					L1 OIK	inge Li Radiilan
CITY-ST-ZIP			#1R			DE CC			
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With 100%			>						may the state of t
STREET ADDRESS 6.3 STREET ADDRESS				1		RESS			

6.4 CITY-ST-ZIP 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 or on an attachment with an address.

**FILED** 

May 05 1997 8:00am

Secretary of State