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FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756797 (7)
 1. Corporation Name
WINTER PARK WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1632 N. COUNTY ROAD 427 LONGWOOD FL 32750 US	Mailing Address PARK AVE. LEASING & MGMT., INC. 1632 N. COUNTY RD. 427 LONGWOOD FL 32750 US
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3. Date Incorporated or Qualified 03/16/1981	
4. FEI Number 59-2209261	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

21. Principal Place of Business 349 Scottsdale Square	2a. Mailing Address Suite, Apt. #, etc.
22. City & State Winter Park, FL	27. City & State
23. Zip 32792	29. Country

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DELGADO, DAVID C
 PARK AVE. LEASING & MGMT., INC.
 1632 N. COUNTY RD. 427
 LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 NAME STREET ADDRESS CITY-ST-ZIP	PD PELOT, SUSI 108 SCOTTSDALE SQ. WINTER PARK FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, PETER 3701 VALENCIA GROVE LANE ORLANDO FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, PAXTON 274 SCOTTSDALE SQ. WINTER PARK FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVENSOHN, ESTHER 325 SCOTTSDALE SQ. WINTER PARK FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIR, RICHARD 177 SCOTTSDALE SQ. WINTER PARK FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE	PD ESTHER LEVENSOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	325 SCOTTSDALE SQ.	
1.3 STREET ADDRESS	WINTER PARK, FL 32792	
1.4 CITY-ST-ZIP		
2.1 TITLE	TD NANCY OWEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	168 SCOTTSDALE SQ.	
2.3 STREET ADDRESS	WINTER PARK, FL	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: **Esther Levensohn** President **Nancy C. Owen** Secretary
 4/16/98 677-6555
 Date Daytime Phone # 0013885

CR2E037 (10/97)