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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 756797

1. Corporation Name
WINTER PARK WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**349 SCOTTSDALE SQUARE
 WINTER PARK FL 32792
 US**

Mailing Address
**PARK AVE. LEASING & MGMT., INC.
 1632 N. COUNTY RD. 427
 LONGWOOD FL 32750
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/16/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2209261 ✓	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DELGADO, DAVID C PARK AVE. LEASING & MGMT., INC. 1632 N. COUNTY RD. 427 LONGWOOD FL 32750				81 Name	Susi PELOT		
				82 Street Address (P.O. Box Number is Not Acceptable)	349 SCOTTSDALE SQUARE		
				83			
				84 City	FL	85 Zip Code	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 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: Susi Pelot DATE: 3.19.99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENSOHN, ESTHER	1.2 NAME	
STREET ADDRESS	325 SCOTTSDALE SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, PETER	2.2 NAME	T. DAVID ROWINSKI
STREET ADDRESS	3701 VALENCIA GROVE LANE	2.3 STREET ADDRESS	3921 S. ATLANTIC AVE.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	WILKIVA-BY-THE-SEA FL 32127
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, PAXTON	3.2 NAME	
STREET ADDRESS	274 SCOTTSDALE SQ.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	32792
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, NANCY	4.2 NAME	
STREET ADDRESS	168 SCOTTSDALE SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	32792
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIR, RICHARD	5.2 NAME	
STREET ADDRESS	177 SCOTTSDALE SQ.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	32792
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: E. SIGNATURE REQUIRED DATE: 3-21-99 DAYTIME PHONE #: 407 875 9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)