


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90069 019 ****61.25

DOCUMENT # 756797 1. Entity Name WINTER PARK WOODS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1633 E. VINE STREET SUITE 110 KISSIMMEE, FL 34744 US			Mailing Address 1633 E. VINE STREET SUITE 110 KISSIMMEE, FL 34744 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03222004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2209261	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LELAND MANAGEMENT, INC. 1633 E. VINE STREET SUITE 110 WINTER PARK, FL 32792			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGARVEY, NANCY	NAME			
STREET ADDRESS	147 S COTTSDALE SQ	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STATTON, MICHEAL	NAME			
STREET ADDRESS	3113 N. ORANGE BLOSSOM TRAIL	STREET ADDRESS			
CITY-ST-ZIP	ZELLWOOD, FL 32798	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANDREWS, PATRICIA A	NAME	S		
STREET ADDRESS	145 SCOTTSDALE SQUARE	STREET ADDRESS	MICHELLE WEDDLETON		
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP	343 SCOTTSDALE SQUARE		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANDLER, ED	NAME			
STREET ADDRESS	1272 WYNDHAM PINE DR.	STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOSTI, HELEN	NAME	D		
STREET ADDRESS	298 SCOTTSDALE SQUARE	STREET ADDRESS	ADELE RICHARDSON		
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP	253 SCOTTSDALE SQUARE		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nancy McHarvey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/30/04 407-671-3196 <small>Date Daytime Phone #</small>	

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