


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90097 021 ****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 8009 S Orange Avenue Suite, Apt. #, etc.		3. Mailing Address 8009 S Orange Avenue Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32809-6711	Country US	Zip 32809-6711	Country US
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 LELAND MANAGEMENT, INC. 1633 E. VINE STREET SUITE 110 WINTER PARK, FL 32792		7. Name and Address of New Registered Agent 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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCGARVEY, NANCY 147 S COTTSDALE SQ WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thiel, Brenda PO Box 520061 Longwood, FL 32752-0061 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STATTON, MICHEAL 3113 N. ORANGE BLOSSOM TRAIL ZELLWOOD, FL 32798 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Richardson, Adele 253 Scottsdale Square Winter Park, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEDDLETON, MICHELLE 343 SCOTTSDALE SQUARE WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Roy, Lorraine PO Box 677911 Orlando, FL 32867-7911 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDLER, ED 1272 WYNDHAM PINE DR. APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandler, Ed 1272 Wyndham Pine Drive Apopka, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, ADELE 253 SCOTTSDALE SQUARE WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Greene, Dorothy 151 Scottsdale Square Winter Park, FL 32792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Brenda Thiel</u> <u>Brenda Thiel</u>		Date: <u>4/4/05</u> Daytime Phone #: <u>407-657-5755</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	