

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756797

FILED
Apr 18, 2007
Secretary of State

Entity Name: WINTER PARK WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVE
ORLANDO, FL 328096711 US

New Principal Place of Business:

Current Mailing Address:

8009 S ORANGE AVE
ORLANDO, FL 328096711 US

New Mailing Address:

FEI Number: 59-2209261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
8009 S ORANGE AVE
ORLANDO, FL 328096711 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THIEL, BRENDA
Address: P.O. BOX 520061
City-St-Zip: LONGWOOD, FL 32867

Title: S () Delete
Name: GUZMAN, ANA
Address: 268 SCOTTSDALE SQUARE
City-St-Zip: WINTER PARK, FL 32792

Title: VP () Delete
Name: ROY, LORRAINE
Address: P.O. BOX 677911
City-St-Zip: ORLANDO, FL 32867

Title: T (X) Delete
Name: SANDLER, ED
Address: 1272 WYNDHAM PINE DR.
City-St-Zip: APOPKA, FL 32712

Title: P (X) Delete
Name: ELFMAN, TIM
Address: 5451 BROSCHE ROAD
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELFMAN, TIM
Address: 5451 BROSCHE ROAD
City-St-Zip: ORLANDO, FL 32807

Title: S (X) Change () Addition
Name: COONEY, LYNANNE
Address: 249 SCOTTSDALE SQUARE
City-St-Zip: WINTER PARK, FL 32792

Title: T (X) Change () Addition
Name: SANDLER, ED
Address: 1272 WYNDHAM PINE DR.
City-St-Zip: APOKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM ELFMAN

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date