## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 756797** 

FILED Apr 10, 2008 Secretary of State

Entity Name: WINTER PARK WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
	ANGE AVE ), FL 3280967	711 US		5955 T.G. I SUITE 300 ORLANDO		US
Current Mailing Address:				New Mailing Address:		
	ANGE AVE ), FL 3280967	711 US		5955 T.G. I SUITE 300 ORLANDO		US
FEI Number:	59-2209261	FEI Number Applied For ( )	FEI Nur	mber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LELAND MANAGEMENT, INC. 8009 S ORANGE AVE ORLANDO, FL 328096711 US				LELAND MANAGEMENT, INC. 5955 T.G. LEE BLVD SUITE 300 ORLANDO, FL 32822 US		
	named entity of Florida.	submits this statement for the p	ourpose o	of changing i	ts registered o	office or registered agent, or both,
SIGNATURE:				04/10/2008		
	Electro	nic Signature of Registered Age	ent			Date
OFFICERS	S AND DIREC	CTORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P ( ELFMAN, TIM 5451 BROSCH ORLANDO, FL			Title: Name: Address: City-St-Zip:	P (X ROY, LORRAII 336 SCOTTSD WINTER PARK	ALE SQUARE
Fitle: Name: Address: City-St-Zip:	S ( COONEY, LYN 249 SCOTTSD WINTER PARK	ALE SQUARE		Title: Name: Address: City-St-Zip:	D (X COONEY, LYN 249 SCOTTSD WINTER PARK	ALE SQUARE
Title: Name: Address: City-St-Zip:	T ( SANDLER, ED 1272 WYNDHA APOKA, FL 32	AM PINE DR.		Title: Name: Address: City-St-Zip:	T (X SANDLER, ED 1272 WYNDHA APOKA, FL 32	AM PINE DR.
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	D ( RIVERS, MANN 2391 RUTH LA KISSIMMEE, F	NE
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	SANTANA, WIL 258 SCOTTSD	

I hereby certify that the information supplied with this filing does not qualify 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: LORRAINE ROY P 04/10/2008