2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756797

FILED Apr 15, 2009 Secretary of State

Entity Name: WINTER PARK WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
SUITE 300	LEE BLVD 0 O, FL 32822	US		E GLORIA BLVD D, FL 32809 US		
Current Mailing Address:			New Mail	New Mailing Address:		
SUITE 300	LEE BLVD 0 O, FL 32822	US		E GLORIA BLVD D, FL 32809 US		
FEI Number	r: 59-2209261	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status Desired ()		
Name and	d Address of C	Current Registered Agent:	Name and	d Address of New Registered Agent:		
5955 T.G. SUITE 300 ORLANDO The above	O, FL 32822 L	us	6972 LAKE ORLANDO	MANAGEMENT, INC. E GLORIA BLVD D, FL 32809 US its registered office or registered agent, or both		
SIGNATURE:				04/15/2009		
	Electror	nic Signature of Registered Ag	ent	Date		
OFFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name:	P () ROY, LORRAIN) Delete IE	Title: Name:	() Change () Addition		
Address: City-St-Zip:	336 SCOTTSD WINTER PARK	ALE SQUARE	Address: City-St-Zip:			
\ddress:	WINTER PARK	ALE SQUARE , FL 32792) Delete ANNE ALE SQUARE	Address:	D (X) Change () Addition HAUG, JUDY 165 SCOTTSDALE SQUARE WINTER PARK, FL 32792		
Address: City-St-Zip: Title: Name: Address:	WINTER PARK D () COONEY, LYN 249 SCOTTSD WINTER PARK	ALE SQUARE , FL 32792 Delete ANNE ALE SQUARE , FL 32792 Delete M PINE DR.	Address: City-St-Zip: Title: Name: Address:	HAUG, JUDY 165 SCOTTSDALE SQUARE		
Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	D () COONEY, LYN 249 SCOTTSD, WINTER PARK T () SANDLER, ED 1272 WYNDHA APOKA, FL 32	ALE SQUARE , FL 32792) Delete ANNE ALE SQUARE , FL 32792) Delete M PINE DR. 712 US) Delete IY NE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	HAUG, JUDY 165 SCOTTSDALE SQUARE WINTER PARK, FL 32792		

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 04/15/2009