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Jun 12, 2007 8:00 am
Secretary of State
05-07-2007 90055 008 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/7

DOCUMENT # P06000151557

1. Entity Name
THE VIEW AT WINTER PARK, INC.

66018716

Principal Place of Business	Mailing Address
1047 PRINCESS GATE BLVD. WINTER PARK FL 32792	1047 PRINCESS GATE BLVD. WINTER PARK FL 32792

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/06)

4. FEI Number 20-8514804 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTUONDO, PEDRO
1047 PRINCESS GATE BLVD.
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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PORTUONDO, PEDRO 1047 PRINCESS GATE BLVD. WINTER PARK FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T.S. Portuondo, Isabel 1047 Princess Gate Blvd. Winter Park Fl 32792	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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: [signature] Pedro Portuondo Pedro Portuondo 4/22/07 407 844-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #