

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
  
95 APR 11 PM 3:05  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V44163** (6)

1. Corporation Name  
**WINTER PARK ATHLETIC CLUB, INC.**

Principal Place of Business <b>1865 NORTH SEMORAN BLVD. SUITE 235 WINTER PARK FL 32792</b>	Mailing Address <b>1865 NORTH SEMORAN BLVD. SUITE 235 WINTER PARK FL 32792</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/12/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3130783</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHOENE, JOHN S. 243 W PARK AVE STE 200 WINTER PARK FL 32789				81 Name <b>Eve Thomas</b>			
				82 Street Address (P.O. Box Number is NOT Acceptable) <b>1449 Hyde Park Dr.</b>			
				83			
				84 City <b>Winter Park</b> FL 85 Zip Code <b>32792</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Eve Thomas, EVE G. THOMAS, vice-president** DATE **4-6-95**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, DAVE</b>	1.2 NAME	
STREET ADDRESS	<b>1865 N. SEMORAN BLVD.</b>	1.3 STREET ADDRESS	<b>1449 Hyde Park Dr.</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>	1.4 CITY - ST - ZIP	<b>Winter Park, FL 32792</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCKLAN, MARY ANN</b>	2.2 NAME	<b>Eve G. Thomas</b>
STREET ADDRESS	<b>1865 N. SEMORAN BLVD.</b>	2.3 STREET ADDRESS	<b>1449 Hyde Park Dr.</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>	2.4 CITY - ST - ZIP	<b>Winter Park, FL 32792</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Eve Thomas, Vice President / Director.** DATE: **4-6-95** **407-8982041**  
Signature and typed or printed name of signing officer or director. Date (Month/Day/Year)