


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V44163**  
 t. Entity Name  
**WINTER PARK ATHLETIC CLUB, INC.**



Principal Place of Business      Mailing Address  
**1111 E STATE RD 436**      **1111 E STATE RD 436**  
**CASSELBERRY, FL 32707 US**      **CASSELBERRY, FL 32707 US**

**DO NOT WRITE IN THIS SPACE**



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3130783**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**THOMAS, EVE**  
**1449 HYDE PARK DRIVE**  
**WINTER PARK, FL 32792**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	THOMAS, DAVE
STREET ADDRESS	1449 HYDE PARK DRIVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	VP
NAME	EVE G. THOMAS
STREET ADDRESS	1449 HYDE PARK DRIVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000499307  
 04/24/06-80025-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Eve G Thomas      Eve G Thomas      4-5-06      407-679-2669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #