


FILE NOW: FILING FEE IS \$61.25

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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735838 (5)
 1. Corporation Name
WINTER PARK GARDENS OWNERS ASSOCIATION, INC.



Principal Place of Business 700 MELROSE AVENUE WINTER PARK FL 32789	Mailing Address 700 MELROSE AVENUE WINTER PARK FL 32789-5686
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/17/1976	3a. Date of Last Report 04/16/1996
4. FEI Number 59-1674005		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RETTIG, ALICE J 700 MELROSE AVE WINTER PARK FL 32789		10. Name and Address of New Registered Agent 81 Name RUTH ANNE GARRIQUES 82 Street Address (P.O. Box Number is Not Acceptable) 700 MELROSE AVE - M33 83 Winter Park, 84 City FL 85 Zip Code 32789	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Ruth Anne Garriques* - **Ruth Anne GARRIQUES - Sec'y** 4-17-97
 Signature, typed or printed name of registered agent (if title is applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE Sales and Leases	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARRIQUES, RUTH A		1.2 NAME Hester, Sandra	
STREET ADDRESS 700 MELROSE AVENUE		1.3 STREET ADDRESS 700 Melrose Avenue	
CITY-ST-ZIP WINTER PARK FL 32789-5610		1.4 CITY-ST-ZIP Winter Park, FL 32789-5610	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAVELL, JOAN		2.2 NAME Spalluto, Ann	
STREET ADDRESS 700 MELROSE AVE		2.3 STREET ADDRESS 700 Melrose Avenue	
CITY-ST-ZIP WINTER PARK, FL 00000 32789		2.4 CITY-ST-ZIP Winter Park, FL 32789 -	
TITLE D - Finance Chairman	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TURNER, THOMAS		3.2 NAME	
STREET ADDRESS 700 MELROSE AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL 32789		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, WALLACE		4.2 NAME	
STREET ADDRESS 700 MELROSE AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL		4.4 CITY-ST-ZIP	
TITLE D - Buildings + Grounds	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEA, ROLLAND		5.2 NAME	
STREET ADDRESS 700 MELROSE KAVE		5.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL 32789		5.4 CITY-ST-ZIP	
TITLE Treasurer	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Markoe, Richard		6.2 NAME	
STREET ADDRESS 700 Melrose Avenue		6.3 STREET ADDRESS	
CITY-ST-ZIP Winter Park, Florida 32789		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Ruth Anne Garriques*

CR2E037 (9/96)