


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000355 (6) 1. Corporation Name PARK AVENUE ESTATES HOMEOWNERS ASSOCIATION OF WINTER GARDEN, INC.			
Principal Place of Business 7021 GRAND NATIONAL DR. SUITE 110 ORLANDO FL 32819		Mailing Address 7021 GRAND NATIONAL DR. SUITE 110 ORLANDO FL 32819	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 01/25/1995			
4. FEI Number 59-3415540			
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			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HAMPDEN, EDMUND P 7021 GRAND NATIONAL DRIVE SUITE 110 ORLANDO FL 32819		10. Name and Address of New Registered Agent 81 Name William J. Spitler 82 Street Address (P.O. Box Number is Not Acceptable) 7021 Grand National Drive 83 Suite 110 84 City Orlando FL 85 Zip Code 32819	
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 <i>William J. Spitler</i> WILLIAM J. SPITLER PRES 3/12/98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME HAMPDEN, EDMUND P STREET ADDRESS 7021 GRAND NATIONAL DR., SUITE 110 CITY-ST-ZIP ORLANDO FL 32819		1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Spitler, William J. 1.3 STREET ADDRESS 7021 Grand National Dr., Ste.110 1.4 CITY-ST-ZIP Orlando, FL 32819	
TITLE D <input type="checkbox"/> DELETE NAME BERMAN, GUSTAVO DANIEL STREET ADDRESS 7021 GRAND NATIONAL DR., SUITE 110 CITY-ST-ZIP ORLANDO FL 32819		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME DO AMARAL, SERGIO S.F. STREET ADDRESS 7021 GRAND NATIONAL DR., SUITE 110 CITY-ST-ZIP ORLANDO FL 32819		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> DELETE NAME MALARKEY, BARBARA M STREET ADDRESS 7021 GRAND NATIONAL DR., SUITE 110 CITY-ST-ZIP ORLANDO FL 32819		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME McGowen, Barbara M. 4.3 STREET ADDRESS 7021 Grand National Dr., Ste.110 4.4 CITY-ST-ZIP Orlando, FL 32819	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I 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: <i>William J. Spitler</i> WILLIAM J. SPITLER 2/26/98			



CR2E037 (10/97)