

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-03-2002 90048 022 ****61.25

DOCUMENT # 735838

1. Entity Name

WINTER PARK GARDENS OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

700 MELROSE AVENUE
 WINTER PARK FL 32789

700 MELROSE AVENUE
 WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1674005

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRIGUES, RUTH ANNE, Secretary - Director
700 MELROSE AVE - M33
WINTER PARK FL 32789

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution

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\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HESTER, SAUNDRA	
STREET ADDRESS	700 MELROSE AVE- L2	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEISS, NEIL	
STREET ADDRESS	700 MELROSE AVENUE M-1	
CITY-ST-ZIP	WINTER PARK FL 32789-5610	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TURNER, THOMAS	
STREET ADDRESS	700 MELROSE AVE- K1	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	FCP	<input checked="" type="checkbox"/> Delete
NAME	LEE, CLIFFORD	
STREET ADDRESS	700 MELROSE AVE- A24	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARKOE, RICHARD	
STREET ADDRESS	700 MELROSE AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	BG	<input type="checkbox"/> Delete
NAME	BURMESTER, ALEXINA	
STREET ADDRESS	700 MELROSE AVENUE J-44	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	Buildings and Grounds - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vivian Garfein	
STREET ADDRESS	700 Melrose Avenue B-24	
CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE	Sales and Leases - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heiss, Neil	
STREET ADDRESS	700 Melrose Avenue - M1	
CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE	Vice President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Turner, Thomas	
STREET ADDRESS	700 Melrose Avenue - K1	
CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE	Finance Chair person - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louise Lowther	
STREET ADDRESS	700 Melrose Avenue G-31	
CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burmester, Alexina	
STREET ADDRESS	700 Melrose Avenue - J-44	
CITY-ST-ZIP	Winter Park, Florida 32789	

12. 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 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 617, 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: Ruth Anne Garrigues, Secretary 4-11-02 - 407.644.3448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)