


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90193 021 \*\*\*\*61.25

<b>DOCUMENT # N95000000355</b> 1. Entity Name <b>PARK AVENUE ESTATES HOMEOWNERS ASSOCIATION OF WINTER GARDEN, INC.</b>					
Principal Place of Business <b>4004 EDGEWATER DRIVE ORLANDO, FL 32804 US</b>			Mailing Address <b>4004 EDGEWATER DRIVE ORLANDO, FL 32804 US</b>		
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 <b>59-3415540</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ASSET REAL ESTATE, INC. 4004 EDGEWATER DRIVE ORLANDO, FL 32804</b>			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, DONNA		NAME		
STREET ADDRESS	307 WINDFORD COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOLLET, BRIAN		NAME		
STREET ADDRESS	338 WINDFORD COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURTIS, VIRGINA		NAME		
STREET ADDRESS	311 WINDFORD COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLUMENFELD, PAMELA		NAME		
STREET ADDRESS	312 WINDFORD COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, STEVE		NAME		
STREET ADDRESS	307 WINDFORD COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Donna Thomas</i>			Donna Thomas 3/31/2005 407 299-9009		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50036630



03312005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3415540

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

ASSET REAL ESTATE, INC.  
4004 EDGEWATER DRIVE  
ORLANDO, FL 32804

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME THOMAS, DONNA  
STREET ADDRESS 307 WINDFORD COURT  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME WOOLLET, BRIAN  
STREET ADDRESS 338 WINDFORD COURT  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME CURTIS, VIRGINA  
STREET ADDRESS 311 WINDFORD COURT  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BLUMENFELD, PAMELA  
STREET ADDRESS 312 WINDFORD COURT  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME THOMAS, STEVE  
STREET ADDRESS 307 WINDFORD COURT  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #