2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003876

FILED Jan 23, 2006 Secretary of State

Entity Name: WIN-GATE VILLAGE CLUB ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10722 GATEWAY AVE ORLANDO, FL 32821 US **Current Mailing Address: New Mailing Address:** 10722 GATEWAY AVE ORLANDO, FL 32821 US FEI Number: 59-3399786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANOES, JOSEPH 10722 GATEWAY AVE ORLANDO, FL 32821 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BARON, JERRY Name: Name: 10844 WM. TELL DR. Address: Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: Title: TD Title: PD () Delete (X) Change () Addition BUSH, LOUIS Name: BUSH, LOUIS Name: Address: 5215 WILLIAMSPORT DRIVE Address: 5215 WILLIAMSPORT DRIVE City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32821 () Delete Title: VPD Title: **VPD** (X) Change () Addition BROOKING, JANET LEWBEL, PHYLLIS Name: Name: 10781 WHARTON COURT 5321 WILLIMSPORT DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32821 Title: SD () Delete Title: SD (X) Change () Addition ANTHONY, CAROLE Name: Name: ANTHONY, CAROLE WESTBROOKD DR. WESTBROOK DR. Address: Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32821 Title: () Delete Title: (X) Change () Addition KELBERMAN, GERALD ALAMEDA, RAMONA Name: Name: 5548 WESTBROOK DRIVE WHITMAN CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32821

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS BUSH PD 01/23/2006