



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90369 050 ****61.25

DOCUMENT # N40073 1. Entity Name WINDING CREEK OWNERS ASSOCIATION, INC.					
Principal Place of Business PENN FIRST-BOYLE MANAGEMENT INC 498 PALM SPGS DR #235 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address PENN FIRST-BOYLE MANAGEMENT INC 498 PALM SPGS DR #235 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business PMB 345 4250 Alafaya Tr. Suite, Apt. #, etc. 212 City & State Orlando, FL Zip 32765		3. Mailing Address PMB 345 4250 Alafaya Tr. Suite, Apt. #, etc. 212 City & State Orlando, FL Zip 32765			
6. Name and Address of Current Registered Agent BOYLE MANAGEMENT SERVICES INC 498 PALM SPRINGS DR #235 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name Lilly Burnside c/o Reliable Property Managers Street Address (P.O. Box Number is Not Acceptable) PMB 345 4250 Alafaya Tr., Suite 212 City Orlando FL Zip Code 32765	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAN, LIZ		NAME	Otilia M. Morar	
STREET ADDRESS	1026 OLD BARN RD		STREET ADDRESS	980 Old Barn Rd.	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENTS, JAMES T		NAME	John Michael	
STREET ADDRESS	10257 WINDING CREEK LANE		STREET ADDRESS	1048 Little Creek Rd.	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANSER, IAN		NAME	Virgil Morar	
STREET ADDRESS	994 LITTLE CREEK RD		STREET ADDRESS	980 Old Barn Rd.	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, JOHN		NAME		
STREET ADDRESS	808 RIVECON AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SGRO, ANTHONY		NAME	ANTHONY SGRO	
STREET ADDRESS	10343 LITTLE ECON ST		STREET ADDRESS	10343 LITTLE ECON ST.	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Michelle Smith	
STREET ADDRESS			STREET ADDRESS	1035 Rivecon Ave.	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32825	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Virgil Morar VIRGIL MORAR March 29, 2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

407-249-8691