2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000000355

1. Entity Name
PARK AVENUE ESTATES HOMEOWNERS ASSOCIATION OF WINTER GARDEN, INC.

Principal Place of Business	Mailing Address
4004 EDGEWATER DRIVE ORLANDO, FL 32804 US	4004 EDGEWATER DRIVE ORLANDO, FL 32804 US

01262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMAS, DONNA
STREET ADDRESS	307 WINDFORD COURT
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	STD
NAME	CURTIS, VIRGINA
STREET ADDRESS	311 WINDFORD COURT
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	POOLER, MIKE
STREET ADDRESS	1321 S PARK AVE
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	BLUMENFEILD, PAM
STREET ADDRESS	312 WINDFORD COURT
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/08-80083-006 61.25

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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: Donna Thomas Donna Thomas 1/31/2008 407 299-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #