# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2009**
**Secretary of State**

DOCUMENT# N95000000355

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

**Current Principal Place of Business:**

4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

**New Mailing Address:**

**FEI Number: 59-3415540** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete
Name: THOMAS, DONNA
Address: 307 WINDFORD COURT
City-St-Zip: WINTER GARDEN, FL 34787

Title: STD ( ) Delete
Name: CURTIS, VIRGINA
Address: 311 WINDFORD COURT
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: POOLER, MIKE
Address: 1321 S PARK AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: BLUMENFEILD, PAM
Address: 312 WINDFORD COURT
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONNA THOMAS PD 04/02/2009

Electronic Signature of Signing Officer or Director — Date