

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004601

**Entity Name:** WINTER PARK SIDEWALK ART FESTIVAL FOUNDATION, INC.**Current Principal Place of Business:**1177 LOUISIANA AVE SUITE 101  
WINTER PARK, FL 32789**Current Mailing Address:**P O BOX 597  
WINTER PARK, FL 32790 US**FEI Number:** 20-8786363**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THRASHER, AMY  
1177 LOUISIANA AVE SUITE 101  
WINTER PARK, FL 32789 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:** AMY THRASHER

03/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HLAVEK, MICHAEL  
Address        828 GOLFVIEW TERRACE  
City-State-Zip: WINTER PARK FL 32789

Title            DIRECTOR  
Name            FOGLEMAN, LAURA  
Address        338 TURKEY RUN  
City-State-Zip: WINTER PARK FL 32789

Title            VP  
Name            SPRIMONT, JEAN  
Address        1440 PALMER AVE  
City-State-Zip: WINTER PARK FL 32789

Title            DIRECTOR  
Name            BRUNO, THOMAS  
Address        1416 BELMONT DRIVE  
City-State-Zip: ORLANDO FL 32806

Title            TREASURER  
Name            THRASHER, AMY  
Address        3624 WREN LN  
City-State-Zip: ORLANDO FL 32803

Title            SECRETARY  
Name            NANCY , CALHOUN  
Address        2407 DOMINICA RUN  
City-State-Zip: WINTER PARK FL 32792

Title            DIRECTOR  
Name            MOULTON, ALICE J  
Address        P.O. BOX 1736  
City-State-Zip: WINTER PARK FL 32790-1736

Title            DIRECTOR  
Name            DOWNING, HAL  
Address        1551 DALE AVE  
City-State-Zip: WINTER PARK FL 32789

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** AMY THRASHER**TREASURER**

03/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	STEWART, PAM
Address	3317 COLEUS COURT
City-State-Zip:	WINTER PARK FL 32792