

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004601

**Entity Name:** WINTER PARK SIDEWALK ART FESTIVAL FOUNDATION, INC.

**Current Principal Place of Business:**

501 SOUTH NEW YORK AVENUE  
SUITE 220  
WINTER PARK, FL 32789

**Current Mailing Address:**

501 SOUTH NEW YORK AVENUE  
SUITE 220  
WINTER PARK, FL 32789 US

**FEI Number:** 20-8786363

**Certificate of Status Desired:** No

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

DOWNING, HAROLD  
501 SOUTH NEW YORK AVENUE  
SUITE 220  
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:** HAROLD DOWNING

04/15/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name DOWNING, HAROLD L  
Address 1943 SUNSET DR  
City-State-Zip: WINTER PARK FL 32789

Title DV  
Name SACHA, THOMAS  
Address 304 WING LANE  
City-State-Zip: WINTER PARK FL 32789

Title DS  
Name MOULTON, ALICE  
Address PO BOX 1736  
City-State-Zip: WINTER PARK FL 32790

Title DT  
Name WISLER, CAROL  
Address 665 BALMORAL ROAD  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name ZARNOWIEC, SALLY  
Address 1140 SOUTH ORLANDO AVENUE  
810  
City-State-Zip: MAITLAND FL 32751

Title D  
Name WECHSLER, MERCEDES  
Address 545 DELANEY AVENUE  
BUILDING 6  
City-State-Zip: ORLANDO FL 32801

*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:** HAROLD L. DOWNING

PRESIDENT

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date