

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005031

**FILED
Apr 23, 2015
Secretary of State
CC9364307280**

Entity Name: WINTER PARK WOMEN'S HEALTH PAVILION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 NORTH EDINBURGH DRIVE
WINTER PARK, FL 32792

Current Mailing Address:

100 NORTH EDINBURGH DRIVE
WINTER PARK, FL 32792

FEI Number: 46-3350240

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BREIT, BRUCE H
100 NORTH EDINBURGH DRIVE
WINTER PARK, FL 32792 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DS
Name MAGGARD, AMANDA
Address 20 N LAKEMONT AVE
City-State-Zip: WINTER PARK FL 32792

Title DV
Name BRADLEY, KENNETH
Address 200 N LAKEMONT AVE
City-State-Zip: WINTER PARK FL 32792

Title DP
Name BREIT, BRUCE H
Address 100 NORTH EDINBURGH DRIVE
City-State-Zip: WINTER PARK FL 32792

Title TD
Name LINCOURT, ESTER
Address 100 NORTH EDINBURGH DRIVE
City-State-Zip: WINTER PARK FL 32792

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: BRUCE BREIT

PARTNER

04/23/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date