

FILE NOW: FILING FEE IS \$61.25

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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711304 (6)

1. Corporation Name
WINTER PARK RETIREMENT CENTER INC.



Principal Place of Business % THE PLYMOUTH 1550 GAY DRIVE WINTER PARK FL 32789	Mailing Address % THE PLYMOUTH 1550 GAY DRIVE WINTER PARK FL 32789-2926
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 08/05/1966	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1258858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CRICHTON, ARTHUR C.
2761 WILL-O-TH-GREEN
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLEMAN, WILLIAM H		1.2 NAME	
STREET ADDRESS 102 WATER OAK LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP ALTAMONT SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAVES, C.W. J		2.2 NAME	
STREET ADDRESS 1620 MAYFLOWER CT B509		2.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIMI CANDEDO		3.2 NAME	
STREET ADDRESS 1620 MAYFLOWER CT B509		3.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BALDWIN, MOZELLE		4.2 NAME	
STREET ADDRESS 1358 RICHMOND RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRISON, EDWARD M		5.2 NAME	
STREET ADDRESS 1814 YORKSHIRE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARGAERY, KENEDY		6.2 NAME	MARGERY KENNEDY
STREET ADDRESS 900 S. LAKE SYBELIA DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mimi Candedo **REQUIRED** 4-25-97 (407) 657-5474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/96)