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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

% THE PLYMOUTH
1550 GAY DRIVE
WINTER PARK FL 32789

% THE PLYMOUTH
1550 GAY DRIVE
WINTER PARK FL 32789



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

08/05/1966

4. FEI Number

59-1258858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
NAME	MARGERY, KENNEDY	6.2 NAME	
STREET ADDRESS	900 S. LAKE SYBELIA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	6.4 CITY-ST-ZIP	

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14. I 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: *William H. Coleman*

CR2E037 (10/97)