


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90044 019 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 711304</b> 1. Corporation Name <b>WINTER PARK RETIREMENT CENTER INC.</b>		
Principal Place of Business % THE PLYMOUTH 1550 GAY DRIVE WINTER PARK FL 32789	Mailing Address % THE PLYMOUTH 1550 GAY DRIVE WINTER PARK FL 32789	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/05/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1258858
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 CANEDO	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 checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, EDWARD M	5.2 NAME	D OLSEN, ED
STREET ADDRESS	1814 YORKSHIRE DR	5.3 STREET ADDRESS	620 GAINES WAY
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	WINTER PARK, FL. 32789
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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, with all other like empowered.

SIGNATURE: *Arthur C. Crichton* ADMINISTRATOR-ARTHUR C. CRICHTON 407-644-4551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)