


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 711304</b>		
1. Entity 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	



04262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1258858</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

SEARL, ED  
1550 GAY RD  
WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000550427  
05/13/06-80057-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, WILLIAM H 102 WATER OAK LANE ALTAMONT SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAUL, RALPH 1851 GERONMIO TR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALDWIN, MOZELLE 1620 MAY FLOWERS CT. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROTENBERGER, DAVID 2304 CHINOOK TRAIL MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTEN, JAMES SR 115 HOLLIE CT MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Edward Searl **4-28-06** **407-644-4551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #