

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90994 039 \*\*\*\*61.25

**DOCUMENT # 711304**

1. Entity Name  
**WINTER PARK RETIREMENT CENTER INC.**



Principal Place of Business Mailing Address

**% THE PLYMOUTH** **% THE PLYMOUTH**  
**1550 GAY DRIVE** **1550 GAY DRIVE**  
**WINTER PARK FL 32789** **WINTER PARK FL 32789**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1258858** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>COLEMAN, WILLIAM H</b>	
STREET ADDRESS	<b>102 WATER OAK LANE</b>	
CITY-ST-ZIP	<b>ALTAMONT SPRINGS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PAUL, RALPH</b>	
STREET ADDRESS	<b>1851 GERONMIO TR</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARGERY, KENNEDY</b>	
STREET ADDRESS	<b>900 S LAKE SYBELLA DR</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BALDWIN, MOZELLE</b>	
STREET ADDRESS	<b>1358 RICHMOND RD.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ROTENBERGER, DAVID</b>	
STREET ADDRESS	<b>2304 CHINOOK TRAIL</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BATTEN, JAMES SR</b>	
STREET ADDRESS	<b>115 HOLLIE CT</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:  **REQUIRED** 4/24/03 407-599-5858

CR2E037 (10/02)