


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90025 028 \*\*\*\*61.25

<b>DOCUMENT # 735838</b> 1. Entity Name <b>WINTER PARK GARDENS OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>700 MELROSE AVENUE WINTER PARK, FL 32789</b>			Mailing Address <b>700 MELROSE AVENUE WINTER PARK, FL 32789</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>ASSET REAL ESTATE INC 4004 EDGEWATER DRIVE ORLANDO, FL 32804</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NASSIF, S JOSEPH 700 MELROSE AVE B-21 WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Elmendorf, Martha 700 melrose Ave A-22 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HESTER, SAUDRIA 700 MELROSE AVE L-2 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADAMS, Bobby 1401 N. Forest Ave Orlando FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHEA, ROLLIE 700 MELROSE AVE G-1 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HANEL, ROBERT 700 melrose Ave K 41 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GARRIQUES, RUTH 700 MELROSE AVE G-31 WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Allen, Barry 700 melrose Ave H 24 Winter Park FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MARKOE, RICHARD 700 MELROSE AVENUE WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BOONE, MARY 700 melrose Ave E 21 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE, F. CLIFFORD 700 MELROSE AVE A-24 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lemon, Bob 700 melrose Ave B-24 Winter Park FL 32789
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.					
<b>SIGNATURE:</b> <u>Bob Hanel</u> <b>Bob Hanel, President</b> <span style="float: right;">7/23/07 (407) 628-2145</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					