

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735838

FILED
Mar 14, 2012
Secretary of State

Entity Name: WINTER PARK GARDENS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ASSET REAL ESTATE INC
4004 EDGEWATER DRIVE
ORLAND, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

C/O ASSET REAL ESTATE INC
4004 EDGEWATER DRIVE
ORLAND, FL 32804 US

New Mailing Address:

FEI Number: 59-1674005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSET REAL ESTATE INC
4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HEMPHILL, ELIZABETH
Address: 700 MELROSE AVE. D-23
City-St-Zip: WINTER PARK, FL 32789

Title: VPD
Name: SHEA, ROLLAND
Address: 700 MELROSE AVE G-1
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: HAVEL, CAROLYNE
Address: 700 MELROSE AVE. K-41
City-St-Zip: WINTER PARK, FL 32789

Title: SD
Name: VANDEMARK, TOBY
Address: 700 MELROSE AVE J-01
City-St-Zip: WINTER PARK, FL 32789

Title: TD
Name: GARRIQUES, RUTH A
Address: 700 MELROSE AVE. M-33
City-St-Zip: WINTER PARK, FL 32789

Title: SD
Name: PEARSON, MARGARET G
Address: 700 MELROSE AVE. E-04
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH HEMPHILL

PRES

03/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date