2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 754202

1. Entity Name
U.W.T. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
420 SANDRINGHAM COURT WINTER SPRINGS, FL 32708	420 SANDRINGHAM COURT WINTER SPRINGS, FL 32708

DO NOT WRITE IN THIS SPACE

01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2029935
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERSAD, RAMROOP D
420 SANDRINGHAM COURT
WINTER SPRINGS, FL 32708

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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 _____ Ramroop Persad 1-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MURPHY, COLLEEN
STREET ADDRESS	420 SANDRINGHAM CT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	VP
NAME	DONLEY, CHRIS
STREET ADDRESS	3543 ARISTOTLE AVE
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	S
NAME	BARRETT, DAN
STREET ADDRESS	9816 E COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32867
TITLE	P
NAME	PERSAD, RAMROOP D
STREET ADDRESS	420 SANDRINGHAM CT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000005765
01/16/04-80003-020 61.25

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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: _____ Ramroop Persad 1-9-04 407-760-4827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #