


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90121 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 758822					
1. Corporation Name TOWN HOMES OF WINTER GARDEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 900 S PARK AVE WINTER GARDEN FL 34787 US			Mailing Address 100 E. SYBELIA AVE 130 MAITLAND FL 32751 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/17/1981	
4. FEI Number 59-2829937		Applied For <input type="checkbox"/> No, Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution			

9. Name and Address of Current Registered Agent KL MANAGEMENT GROUP INC 100 E. SYBELIA VE SUITE 130 MAITLAND FL 32751				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAUGHTRY, FRANK			1.2 NAME	Daughtry, Frank		
STREET ADDRESS	100 E. SYBELIA AVE., #130			1.3 STREET ADDRESS	100 E. Sybelia Avenue, #130		
CITY-ST-ZIP	MAITLAND FL			1.4 CITY-ST-ZIP	MAITLAND, FL		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLOUD, JANE			2.2 NAME			
STREET ADDRESS	100 E SYBELIA AVE #130			2.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RENFROE, MICHAEL			3.2 NAME	Howell, Diane		
STREET ADDRESS	100 E. SYBELIA AVE #130			3.3 STREET ADDRESS	100 E. Sybelia Avenue, #130		
CITY-ST-ZIP	MAITLAND FL			3.4 CITY-ST-ZIP	Maitland, FL		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALAND, JUDY			4.2 NAME			
STREET ADDRESS	100 E. SYBELIA AVE #130			4.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANKS, SERGI			5.2 NAME	Franks, Sergi		
STREET ADDRESS	100 E SYBELIA AVE #130			5.3 STREET ADDRESS	100 E. Sybelia Avenue, #130		
CITY-ST-ZIP	MAITLAND FL			5.4 CITY-ST-ZIP	Maitland, FL		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99 407/740-8081
Date Daytime Phone #

CR2E037 (11/98)