

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 DEC 12 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10232006 Chg-NP CR2E037 (4/06)

DOCUMENT # 769484

1. Entity Name
WINEGARD, INC.

P.O. Box



Principal Place of Business
5915 WINEGARD ROAD
ORLANDO, FL 32809

Mailing Address
5926 SOUTH ORANGE
ORLANDO, FL 32809 US

Principal Place of Business
5915 Winegard Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 593495
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32809

Country
USA

Zip
32859-3495

Country
USA

5. Name and Address of Current Registered Agent
SINGH, PARMANAND
6060 S ORANGE AVE
ORLANDO, FL 32809

7. Name and Address of New Registered Agent
Name
Dawn Warren
Street Address (P.O. Box Number is Not Acceptable)
329 Raven Rock Ln
City
Longwood FL Zip Code
32750

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
Dawn Warren LCAM 11-13-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGH, PARMANAND 5926 SOUTH ORANGE AVENUE ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Felix Deliballe President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 566 Trellis Court Orlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOK, FRANK 700 N. DENNING STE. 2 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY A. TOMENGO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 548 TRELLIS COURT V.P. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRER, NORMI 560 TRELLIS CT ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT WELLS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 521 TRELLIS CT ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIECA, ARJUNE 6288 BLAKEFORD DRIVE WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081915371 11/17/06--01062--007 ***\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 12/12/04 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Felix Deliballe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 NOV 2006 407-310-6168
Date Daytime Phone #