

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90151 028 \*\*\*150.00

**DOCUMENT # F97000000360**

1. Entity Name  
**CLUB AT WINTER PARK CORPORATION**



Principal Place of Business  
**250 AUSTRALIAN AVE. S.  
SUITE 1003  
WEST PALM BEACH, FL 33401**

Mailing Address  
**250 AUSTRALIAN AVE. S.  
SUITE 1003  
WEST PALM BEACH, FL 33401**

2. Principal Place of Business - No P.O. Box #  
**1801 S. Australian Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**1801 S. Australian Ave**  
Suite, Apt. #, etc.

City & State  
**West Palm Beach FL**  
Zip **33409** Country

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**West Palm Beach FL**  
Zip **33409** Country

04102008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0679398**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVST  
SCHLESINGER, JASON  
112 HOYT STREET  
STAMFORD, CT 06905** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
SCHLESINGER, ADAM  
1801 S. AUSTRALIAN AVE.  
WEST PALM BEACH, FL 33409** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #