

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 035 ***150.00

DOCUMENT # G41937

1. Entity Name

WINTERGREEN REALTY CORP.



Principal Place of Business

**4417 BEACH BLVD.
200
JACKSONVILLE FL 32207
US**

Mailing Address

**4417 BEACH BLVD.
200
JACKSONVILLE FL 32207
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **59-2306715**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICKS, ALEX J.
601 RIVERSIDE AVE., 11TH FLOOR
JACKSONVILLE FL 33204**

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete
NAME **PHILLIPS, PHILIP B JR**
STREET ADDRESS **3728 PHILLIPS HWY 39**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **P/T** ☐ Change ☒ Addition
NAME **Von Donnersmarck, Winfried H.**
STREET ADDRESS **Talstrasse 66**
CITY-ST-ZIP **Zurich, Switzerland CH 8001**

TITLE **D** ☐ Delete
NAME **VON DONNERSMARCK, W. H.**
STREET ADDRESS **TALSTRASSE 66**
CITY-ST-ZIP **CH 8001 ZURICH SW**

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

TITLE **D** ☐ Delete
NAME **STAUDER, CLAUS**
STREET ADDRESS **STAUDERSTRASSE 88**
CITY-ST-ZIP **45326 ESSEN GE**

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

TITLE **S** ☐ Delete
NAME **RICKS, ALEX J**
STREET ADDRESS **601 RIVERSIDE AVE., 11TH FLOOR**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alex J. Ricks

2/17/06

(904) 854-8759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #