


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**


07-22-2004 90007 001 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N01000002564</b><br>1. Entity Name<br><b>VERSAILLES OF WINTER PARK CONDOMINIUM ASSOCIATION, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>200 SOUTH INTERLACHEN AVE<br/>WINTER PARK, FL 32789</b> | Mailing Address<br><b>200 SOUTH INTERLACHEN AVE<br/>WINTER PARK, FL 32789</b> |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

**44049450**



07142004 Chg-NP CR2E037 (10/03)

|  |  |
|--|--|
| 5. Name and Address of Current Registered Agent<br><b>MOSSERI, RICHARD<br/>3804 EAST COLONIAL DR<br/>ORLANDO, FL 33803</b> |  |
|--|--|

|  |                                    |
|--|------------------------------------|
| 7. Name and Address of New Registered Agent        |                                    |
| Name   |                                    |
| Street Address (P.O. Box Number is Not Acceptable) | <b>200 S. INTERLACHEN AVE #450</b> |
| City   | <b>WINTER PARK</b>                 |
| State  | <b>FL</b>                          |
| Zip Code   | <b>32789</b>                       |

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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete            |
| NAME                       | <b>MOSSERI, RICHARD</b>                             |
| STREET ADDRESS             | <b>200 SOUTH INTERLACHEN AVE., UNIT 450</b>         |
| CITY-ST-ZIP                | <b>WINTER PARK, FL 32789</b>                        |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> Delete |
| NAME                       | <b>MOSSERI, YARDENA</b>                             |
| STREET ADDRESS             | <b>200 SOUTH INTERLACHEN AVE</b>                    |
| CITY-ST-ZIP                | <b>WINTER PARK, FL 32789</b>                        |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete            |
| NAME                       | <b>GRAMMER, LESLIE MR</b>                           |
| STREET ADDRESS             | <b>200 S INTERLACHEN AVE</b>                        |
| CITY-ST-ZIP                | <b>WINTER PARK, FL 32789</b>                        |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete            |
| NAME                       | <b>MICHAEL COSTA</b>                                |
| STREET ADDRESS             | <b>200 S. Interlachen Ave</b>                       |
| CITY-ST-ZIP                | <b>Winter Park FL 32789</b>                         |
| TITLE                      | <input type="checkbox"/> Delete                     |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                     |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

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:  | Date: <b>7/19/04</b> | Daytime Phone #: <b>407-923-5703</b> |
|--|----------------------|--------------------------------------|