

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90154 029 ****61.25

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| DOCUMENT # N01000002564 1. Entity Name VERSAILLES OF WINTER PARK CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 200 SOUTH INTERLACHEN AVE WINTER PARK, FL 32789 | | | Mailing Address 200 SOUTH INTERLACHEN AVE WINTER PARK, FL 32789 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | | |
| 4. FEI Number 59-3718395 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOSSERI, RICHARD 200 S INTERLACHEN AVE # 450 WINTER PARK, FL 32789 | | | 7. Name and Address of New Registered Agent Name <u>Stephen W. Bradley</u> Street Address (P.O. Box Number is Not Acceptable) <u>174 W. COM STOCK AVE.</u> <u>Suite 100</u> City <u>WINTER PARK</u> FL Zip Code <u>32789</u> | | |
| 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 <u><i>Leslie Grammer</i></u> DATE <u>3-1-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D <input checked="" type="checkbox"/> Delete MOSSERI, RICHARD 200 SOUTH INTERLACHEN AVE., UNIT 450 WINTER PARK, FL 32789 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Giannina Sanchez-Masi 200 S. INTERLACHEN AVE. WINTER PARK, FL 32789 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete GRAMMER, LESLIE MR 200 S INTERLACHEN AVE WINTER PARK, FL 32789 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LESLIE GRAMMER 200 S. INTERLACHEN AVE WINTER PARK, FL 32789 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete <i>OK</i> COSTA, MICHAEL 200 S INTERLACHEN AVE WINTER PARK, FL 32789 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input type="checkbox"/> Addition MICHAEL COSTA 200 S. INTERLACHEN AVE WINTER PARK, FL 32789 | |
| 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 | <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 | <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 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: <u><i>Leslie Grammer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>Feb. 22, 2005</u> <u>(407) 629-4726</u> <small>Date Daytime Phone #</small> | | |