

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90086 018 \*\*\*\*61.25

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1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N01000002564</b> 1. Entity Name <b>VERSAILLES OF WINTER PARK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>200 SOUTH INTERLACHEN AVE WINTER PARK FL 32789</b>			Mailing Address <b>200 SOUTH INTERLACHEN AVE WINTER PARK FL 32789</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 2291</b> Suite, Apt. #, etc.			
City & State <b>WINTER PARK, FL 32790</b>		City & State <b>WINTER PARK, FL 32790</b>		4. FEI Number <b>59-3718395</b>	
Zip <b>32790</b>		Country <b>32790</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BRADLEY, STEPHEN W 174 W COMSTOCK AVE SUITE 100 WINTER PARK FL 32789</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW: FEE IS \$81.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SANCHEZ-MASI, GIANNINA</b> <b>200 S INTERLACHEN AVE</b> <b>WINTER PARK FL 32789</b>	<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	<b>PD</b> <b>GRAMMER, LESLIE MR</b> <b>200 S INTERLACHEN AVE</b> <b>WINTER PARK FL 32789</b>	<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	<b>D</b> <b>COSTA, MICHAEL</b> <b>200 S INTERLACHEN AVE</b> <b>WINTER PARK FL 32789</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dir.</b> <b>SHAPIRO, BETTY</b> <b>200 S. INTERLACHEN AVE.</b> <b>WINTER PARK, FL 32789</b>	
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 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 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.					
<b>SIGNATURE: LESLIE GRAMMER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Jan. 19, 2006 (407) 629-4726</b> <small>Date Daytime Phone #</small>		



ATTACHMENT

50002359

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2006

VERSAILLES OF WINTER PARK CONDOMINIUM ASSOCIATION, INC.  
POB 2291  
WINTER PARK, FL 32790

Subject: VERSAILLES OF WINTER PARK CONDOMINIUM ASSOCIATION, INC.

Reference Number: N01000002564

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION