
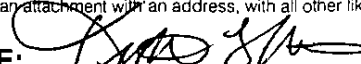


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90016 040 ****61.25

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 PO BOX 2291 WINTER PARK, FL 32790		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3718395	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRADLEY, STEPHEN W 174 W COMSTOCK AVE SUITE 100 WINTER PARK, FL 32789			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 P	NAME SANCHEZ-MASI, GIANNINA		TITLE D	NAME Michael Costa	
STREET ADDRESS 200 S INTERLACHEN AVE	CITY-ST-ZIP WINTER PARK, FL 32789		STREET ADDRESS 200 S. Interlachen Ave	CITY-ST-ZIP Winter Park, FL 32789	
TITLE VP	NAME GRAMMER, LESLIE MR		TITLE Secretary	NAME Kristen Aston	
STREET ADDRESS 200 S INTERLACHEN AVE	CITY-ST-ZIP WINTER PARK, FL 32789		STREET ADDRESS 174 W. Cornstock Ave #100	CITY-ST-ZIP Winter Park, FL 32789	
TITLE D	NAME SHAPIRO, BETTY		TITLE _____	NAME _____	
STREET ADDRESS 200 S INTERLACHEN AVE	CITY-ST-ZIP WINTER PARK, FL 32789		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
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 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: 			Kristen Aston		
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/4/08 407 702-6604 <small>Date Daytime Phone #</small>		