

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004958

FILED
Apr 26, 2007
Secretary of State

Entity Name: WENTWORTH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

PO BOX 531010
ORLANDO, FL 328531010 US

New Mailing Address:

FEI Number: 01-0725104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE MELROSE MGMT GROUP
1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

HANSON, JACK
1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804 US

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.

SIGNATURE: JACK HANSON

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BISULCA, BRUCE
Address: 1673 FALLMONTE COURT
City-St-Zip: OCOEE, FL 34761

Title: VP (X) Delete
Name: FISCHER, SHANE
Address: 2191 BRANCASTER CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: S/T () Delete
Name: COX, DANIELLE
Address: 2209 BRANCASTER CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: KAMINSKY, SHELLY
Address: 2185 BRANCASTER CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: D (X) Delete
Name: HIRSCH, KRISTINA
Address: 2164 BRANCASTER CIRCLE
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BISULCA, BRUCE
Address: 1673 FALLMONTE COURT
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COX, DANIELLE
Address: 2209 BRANCASTER CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE BISULCA

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date