

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009840

1. Entity Name
WINTER SPRINGS PLAZA ASSOCIATION INC.



Principal Place of Business
**203 WEST STATE ROAD 434
WINTER SPRINGS, FL 32708**

Mailing Address
**203 WEST STATE ROAD 434
WINTER SPRINGS, FL 32708**

DO NOT WRITE IN THIS SPACE



04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
32-0058963

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCALARNEY, ELIZABETH
203 WEST STATE ROAD 434
WINTER SPRINGS, FL 32708**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
POWELL, CLARISSA C
203 WEST STATE ROAD 434
WINTER SPRINGS, FL 32708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
MCALARNEY, ELIZABETH
203 WEST STATE ROAD 434
WINTER SPRINGS, FL 32708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RYAN, SCOTT
207 WEST STATE RD 434
WINTER SPRINGS, FL 32708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000328705
04/25/05-80088-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth McAlarney* **Elizabeth McAlarney** **04/22/05** **407-327-4817**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #