## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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6. Name and Address of Current Registered Agent

## DOCUMENT # N02000009840

WINTER SPRINGS PLAZA ASSOCIATION INC.

Principal Place of Business

Mailing Address

203 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708

MCALARNEY, ELIZABETH

203 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708

203 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708

## **FILED** Apr 21, 2006 08:00 AM Secretary of State



04182006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 32-0058963

Applied For Not Applicat

5. Certificate of Status Desired : 🗆 \$8.75 Additional Fee Required

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			•				
	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	d affice or re	agistered agent, or bot	th, in the State of Florida. I am familiar with, and acc		
SIGNATURE.		_	}		i -		
Signature, typed or printed name of registered agent and title if applicable. [NOTE: Replistered Agent signature required when reinstating]				DATE			
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financ Trust Fund Contribution.	cing 🗆	\$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			090000524764 05/04/06-80003-012 61.25 <b>DO NOT WRITE</b>			
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			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME 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 outh; that I am an officer or direction 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