

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 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



04212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

32-0058963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE DP
NAME RYAN, SCOTT
STREET ADDRESS 207 WEST STATE RD 434
CITY-ST-ZIP 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

**DO NOT WRITE
IN THIS SPACE**

U000000920405
05/14/08-80042-025 61.25

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:

Elizabeth McAlarney
Elizabeth McAlarney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

407-327-4817

Daytime Phone #