


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90073 019 ****70.00

DOCUMENT # N04000008744 1. Entity Name EAST WINTER GARDEN COMMUNITY DEVELOPMENT CORPORATION, INC.					
Principal Place of Business 830 KLONDIKE STREET WINTER GARDEN, FL 34787			Mailing Address 830 KLONDIKE STREET WINTER GARDEN, FL 34787		
2. Principal Place of Business Maxey Community Center		3. Mailing Address PO Box 783142			
Suite, Apt. #, etc. 830 Klondike Street		Suite, Apt. #, etc.			
City & State Winter Garden, FL		City & State Winter Garden, FL		4. FEI Number 412158221	
Zip 34787		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILDER, CHARLIE M 1007 STUCKI TERRACE WINTER GARDEN, FL 34787				7. Name and Address of New Registered Agent 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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P SNELL, XERXES 15243 STARLEIGH ROAD WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, NANCY 789 HULL ISLAND DR OAKLAND, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOULER, HAROLD 813 E BAY STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODWIN, VINCENT 1302 SELBYDON WAY WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOULER, PRESTON 813 E BAY STREET WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, LONZA 789 HULL ISLAND DR OAKLAND, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorothy Brunson 1150 Maxey Drive Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Scott 830 East Bay Street Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Charlie Mae Wilder 1007 Stuckie Terrace Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, LONZA 789 HULL ISLAND DR OAKLAND, FL 34787	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Charles M. Snell</u>		4-27-05		(407)697-6127	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

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2. Principal Place of Business Maxey Community Center Suite, Apt. #, etc. 830 Klondike Street City & State Winter Garden, FL Zip 34787 Country USA		3. Mailing Address PO Box 783142 Suite, Apt. #, etc. City & State Winter Garden, FL Zip 34787 Country USA		40077982 <div style="background-color: black; width: 150px; height: 30px; margin: 10px auto;"></div>	
4. FEI Number 412158221				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILDER, CHARLIE M 1007 STUCKI TERRACE WINTER GARDEN, FL 34787			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SNELL, XERXES STREET ADDRESS 15243 STARLEIGH ROAD CITY-ST-ZIP WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE D NAME George Bastwick STREET ADDRESS 5995 W. Crown Pointe Rd CITY-ST-ZIP Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME MORGAN, NANCY STREET ADDRESS 789 HULL ISLAND DR CITY-ST-ZIP OAKLAND, FL 34787	<input type="checkbox"/> Delete		TITLE D NAME Jonnie Mae Anderson STREET ADDRESS 249 Center Street CITY-ST-ZIP Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME BOULER, HAROLD STREET ADDRESS 813 E BAY STREET CITY-ST-ZIP WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE D NAME Don Johnson STREET ADDRESS 1015 Maxey Dr CITY-ST-ZIP Winter Garden, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME GOODWIN, VINCENT STREET ADDRESS 1302 SELBYDON WAY CITY-ST-ZIP WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete		TITLE D NAME James Rogers STREET ADDRESS 454 Gadsen Street CITY-ST-ZIP Groveland, FL 34736	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BOULER, PRESTON STREET ADDRESS 813 E BAY STREET CITY-ST-ZIP WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete		TITLE D NAME Charlene Wright STREET ADDRESS 4744 Maranda Circle CITY-ST-ZIP Orlando, FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MORGAN, LONZA STREET ADDRESS 789 HULL ISLAND DR CITY-ST-ZIP OAKLAND, FL 34787	<input type="checkbox"/> Delete		TITLE D NAME Jacob Brunson STREET ADDRESS 1150 Maxey Drive CITY-ST-ZIP Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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SIGNATURE: <u>Xerxes M. Snell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-27-05 (407) 697-6127 <small>Date Daytime Phone #</small>		