

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90038 026 ****70.00

DOCUMENT # N04000008744					
1. Entity Name EAST WINTER GARDEN COMMUNITY DEVELOPMENT CORPORATION, INC.					
Principal Place of Business MAXEY COMMUNITY CENTER 830 KLONDIKE STREET WINTER GARDEN, FL 34787			Mailing Address P.O. BOX 783142 WINTER GARDEN, FL 34787		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2158221	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$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 _____ Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Filing Fee	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	SNELL, XERXES		NAME	Snell, Xerxes	
STREET ADDRESS	15243 STARLEIGH ROAD		STREET ADDRESS	208 Inland Seas Blvd	
CITY-STATE-ZIP	WINTER GARDEN, FL 34787		CITY-STATE-ZIP	WINTER GARDEN, FL 34787	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORGAN, NANCY		NAME		
STREET ADDRESS	789 HULL ISLAND DR		STREET ADDRESS		
CITY-STATE-ZIP	OAKLAND, FL 34787		CITY-STATE-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOULER, HAROLD		NAME		
STREET ADDRESS	813 E BAY STREET		STREET ADDRESS		
CITY-STATE-ZIP	WINTER GARDEN, FL 34787		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRONSON, DOROTHY		NAME		
STREET ADDRESS	1150 MAXEY DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	WINTER GARDEN, FL 34787		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCOTT, EDWARD		NAME		
STREET ADDRESS	830 EAST BAY STREET		STREET ADDRESS		
CITY-STATE-ZIP	WINTER GARDEN, FL 34787		CITY-STATE-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MORGAN, LONZA		NAME		
STREET ADDRESS	789 HULL ISLAND DR		STREET ADDRESS		
CITY-STATE-ZIP	OAKLAND, FL 34787		CITY-STATE-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 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>Xerxes Snell</u> Xerxes Snell 4-3-06 407-656-1239					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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