2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008744

1. Entity Name

EAST WINTER GARDEN COMMUNITY DEVELOPMENT CORPORATION, INC.



04-21-2008 90053 016 ****70.00

FILED

Apr 21, 2008 8:00 am Secretary of State

Principal Place of Business

MAXEY COMMUNITY CENTER 830 KLONDIKE STREET WINTER GARDEN, FL 34787 Mailing Address

P.O. BOX 783142 WINTER GARDEN, FL 34787



04042008 No Chg-NP

CR2E037 (4/06)

4.	FEI Number		Applied For
	41-2158221		Not Applicable
		 75	A delitional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent
CHARLIE M

WILDER, CHARLIE M 1007 STUCKI TERRACE WINTER GARDEN, FL 34787 Charlie M. Wilder 284 11th Street Winter Garden, Fd. 34787

			10%	,, , , , , , , , , , , , , , , , , , , ,	*) -	• • •				
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 i	f applicable. (NOTE: Registered	Agent signature	required when reinstating)		DATE				
	Filing Fee is \$61.25 Due by May 1, 2008	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	P SNELL, XERXES 208 INLAND SEAS BLVD WINTER GARDEN, FL 34787									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, NANCY 789 HULL ISLAND DR OAKLAND, FL 34787									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOULER, HAROLD 813 E BAY STREET WINTER GARDEN, FL 34787	-								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONSON, DOROTHY 1150 MAXEY DRIVE WINTER GARDEN, FL 34787									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, EDWARD 830 EAST BAY STREET WINTER GARDEN, FL 34787									
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
12. Thereby 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 gath; that I am an officer or director										

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Fioriba Statutes. I further certify that the unformation 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 cath; that I am an officer 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:

HAMM (1994) BONATURE AND TYPED OR PRINTED MAKE OF BIGHTED THE BONATURE AND TYPED OR PRINTED MAKE OF BIGHTED TO

Date

Daytime Phone #