

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000008744

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** EAST WINTER GARDEN COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

MAXEY COMMUNITY CENTER  
830 KLONDIKE STREET  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 783142  
WINTER GARDEN, FL 34787

**New Mailing Address:**

MAXEY COMMUNITY CENTER  
830 KLONDIKE STREET  
WINTER GARDEN, FL 34787

**FEI Number:** 41-2158221      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILDER, CHARLIE M  
284 11TH STREET  
WINTER GARDEN, FL 34787      US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** CHARLIE M. WILDER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SNELL, XERXES  
**Address:** 208 INLAND SEAS BLVD  
**City-St-Zip:** WINTER GARDEN, FL 34787

**Title:** S  
**Name:** MORGAN, NANCY  
**Address:** 789 HULL ISLAND DR  
**City-St-Zip:** OAKLAND, FL 34787

**Title:** V  
**Name:** BOULER, HAROLD  
**Address:** 813 E BAY STREET  
**City-St-Zip:** WINTER GARDEN, FL 34787

**Title:** D  
**Name:** BRONSON, DOROTHY  
**Address:** 1150 MAXEY DRIVE  
**City-St-Zip:** WINTER GARDEN, FL 34787

**Title:** D  
**Name:** SCOTT, EDWARD  
**Address:** 830 EAST BAY STREET  
**City-St-Zip:** WINTER GARDEN, FL 34787

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** NANCY MORGAN

S

02/04/2010

Electronic Signature of Signing Officer or Director

Date