


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90068 030 ****70.00

DOCUMENT # N05000006179

1. Entity Name
 THE RESIDENCES OF WINTER PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 512 E. WASHINGTON STREET SUITE 200
 ORLANDO, FL 32801

Mailing Address
 512 E. WASHINGTON STREET SUITE 200
 ORLANDO, FL 32801

60017695



2. Principal Place of Business
 300 S. Interlachen Ave
 Suite, Apt. #, etc.

3. Mailing Address
 300 S. Interlachen Ave
 Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State
 Winter Park, FL

City & State
 Winter Park, FL

Zip
 32789

Country
 USA

Zip
 32789

Country
 USA

4. FEI Number
 20-317131W

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HEINSTAND, JAMES R
 512 E. WASHINGTON STREET SUITE 200
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 Name James R Heistand
 Street Address (P.O. Box Number is Not Acceptable)
 300 S. Interlachen Ave
 City Winter Park FL Zip Code 32789

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$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	DP HEINSTAND, JAMES R 512 E. WASHINGTON STREET SUITE 200 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP James R Heistand 300 S. Interlachen Ave Winter Park FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COX, TROY 512 E. WASHINGTON STREET SUITE 200 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Jim Gray 300 S. Interlachen Ave Winter Park FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ELLERT, MARK 512 E. WASHINGTON STREET SUITE 200 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Ann Bradley 300 S. Interlachen Ave Winter Park FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

1/16/06 407 650-0593

Date Daytime Phone #