

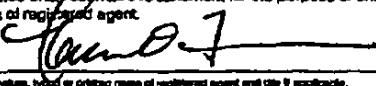
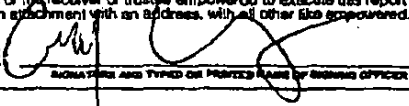
Mar 23 07 12:05p

FILED
Jun 07, 2007 8:00 am
Secretary of State

3/27

03-27-2007 90010 007 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000000583			
1. Entity Name WRENWOOD CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O CRAIG A. MINEGAR, ESQ. 250 PARK AVENUE SOUTH 5TH FLOOR WINTER PARK, FL 32789		Mailing Address C/O CRAIG A. MINEGAR, ESQ. 250 PARK AVENUE SOUTH 5TH FLOOR WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # 1750 N. Broadway St Suite, Apt. #, etc. 118 City & State Oviedo, FL Zip 32765 Country USA		3. Mailing Address 1750 N. Broadway St Suite, Apt. #, etc. 118 City & State Oviedo, FL Zip 32765 Country USA	
02222007 Chg-NP CR2ED37 (12/06)		4. FEI Number 20-3823898 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent WHYWH, INC. 390 N ORANGE AVENUE STE 1500 ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name Kevin Davis Street Address (P.O. Box Number is Not Acceptable) 1750 N. Broadway St #118 City Oviedo FL Zip Code 32765		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  DATE 6/20/07 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PM GOETZ, GEOFF 11733 ROUSE RUN CIRCLE ORLANDO, FL 32817 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TM GOETZ, LUDWIG 11733 ROUSE RUN CIRCLE ORLANDO, FL 32817 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SM GOETZ, CHET 11733 ROUSE RUN CIRCLE ORLANDO, FL 32817 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 		Date Daytime Phone #	

66018290

