

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006895

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** WINTER SPRINGS TOWN CENTER MERCHANTS ASSOCIATION, INC.

**Current Principal Place of Business:**

1196 TREE SWALLOW DR.  
1334  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1142 E. STATE ROAD 434  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 14-1970434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELLER, MIKE  
1186 TREE SWALLOW DR SUITE 1334  
WINTER SPRINGS, FL 32708 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WELLER, MIKE  
Address: 1196 TREE SWALLOW DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Delete  
Name: AVILES, EDNA  
Address: 1322 TREE SWALLOW DR.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S ( ) Delete  
Name: JENKINS, AMBER  
Address: 1196 TREE SWALLOW DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T ( ) Delete  
Name: BURKS, ROGERS  
Address: 1142 E. STATE ROAD 434  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BURKS, ROBERT  
Address: 1142 E. STATE ROAD 434  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT R BURKS

TRES

01/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date