


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N07000002935</b>					
<b>1. Entity Name</b> WINTER GARDEN VILLAGE AT FOWLER GROVES PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5858 CENTRAL AVE ST PETERSBURG, FL 33710			<b>Mailing Address</b> 5858 CENTRAL AVE ST PETERSBURG, FL 33710		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 26-0141166	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WOLF, CHASE 5858 CENTRAL AVE ST PETERSBURG, FL 33710			Name <b>SEMBLER, GREGORY S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5858 CENTRAL AVENUE</b> City <b>ST. PETERSBURG FL</b> Zip Code <b>33707</b>		
<b>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.</b>					
SIGNATURE <i>Gregory S. Sembler</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>4-23-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> WOLF, CHASE <input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD	<b>NAME</b> ZOOK, DAVID S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5858 CENTRAL AVE	<b>CITY-ST-ZIP</b> ST PETERSBURG, FL 33710		<b>STREET ADDRESS</b> 5858 CENTRAL AVENUE	<b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33707	
<b>TITLE</b> VPD	<b>NAME</b> SILVES, JOAN <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 5858 CENTRAL AVE	<b>CITY-ST-ZIP</b> ST PETERSBURG, FL 33710		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> STD	<b>NAME</b> SCOGGINS, GREER <input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 5858 CENTRAL AVE	<b>CITY-ST-ZIP</b> ST PETERSBURG, FL 33710		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> <i>David Zook</i>			<b>DAVID ZOOK, PRES.</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03052008 Chg-NP CR2E037 (12/06)

4. FEI Number **26-0141166** Applied For ☐ Not Applicable ☒

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

WOLF, CHASE  
5858 CENTRAL AVE  
ST PETERSBURG, FL 33710

Name **SEMBLER, GREGORY S.**  
Street Address (P.O. Box Number is Not Acceptable)

**5858 CENTRAL AVENUE**  
City **ST. PETERSBURG FL** Zip Code **33707**

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 *Gregory S. Sembler*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

**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** PD ☒ Delete  
**NAME** WOLF, CHASE  
**STREET ADDRESS** 5858 CENTRAL AVE  
**CITY-ST-ZIP** ST PETERSBURG, FL 33710

**TITLE** PD ☐ Change ☒ Addition  
**NAME** ZOOK, DAVID S.  
**STREET ADDRESS** 5858 CENTRAL AVENUE  
**CITY-ST-ZIP** ST. PETERSBURG, FL 33707

**TITLE** VPD ☐ Delete  
**NAME** SILVES, JOAN  
**STREET ADDRESS** 5858 CENTRAL AVE  
**CITY-ST-ZIP** ST PETERSBURG, FL 33710

**TITLE** ☐ Change ☐ Addition  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**TITLE** STD ☐ Delete  
**NAME** SCOGGINS, GREER  
**STREET ADDRESS** 5858 CENTRAL AVE  
**CITY-ST-ZIP** ST PETERSBURG, FL 33710

**TITLE** ☐ Change ☐ Addition  
**NAME**   
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**SIGNATURE:** *David Zook* **DAVID ZOOK, PRES.** **4-23-08** **727-3846000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #