

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 18, 2008
Secretary of State

DOCUMENT# N08676

Entity Name: WINTER SPRINGS CENTRE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**498 ESTHER LANE
ALTAMONTE SPRINGS, FL 32714**New Principal Place of Business:**232 WILSHIRE BLVD.
CASSELBERRY, FL 32707**Current Mailing Address:**P O BOX 160115
ALTAMONTE SPRINGS, FL 32716**New Mailing Address:**232 WILSHIRE BLVD.
CASSELBERRY, FL 32707**FEI Number:** 59-2538202**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRIGGIE, WILLIAM B
498 ESTHER LANE
ALTAMONTE SPRINGS, FL 32714 US**Name and Address of New Registered Agent:**BARBER, FRANK P R.A.
232 WILSHIRE BLVD.
CASSELBERRY, FL 32707 US

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: FRANK PAUL BARBER

06/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** TD () Delete
Name: WOODSON, DENNIS
Address: 2923 COVE TRAIL
City-St-Zip: WINTER PARK, FL 32789**Title:** P () Delete
Name: SHUMAN, MATTHEW
Address: UNIT 105 BLDG II ESCONDIDO CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32801**Title:** D () Delete
Name: HANS, JENNA
Address: 1706 LITTLETON CT
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:

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: FRANK PAUL BARBER

R.A.

06/18/2008

Electronic Signature of Signing Officer or Director

Date