


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N17925
 1. Entity Name
 WINTER PARK HISTORICAL ASSOCIATION, INC.



Principal Place of Business
 PO BOX 51
 WINTER PARK, FL 32790

Mailing Address
 PO BOX 51
 WINTER PARK, FL 32790



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1664195

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAINES, JOHN, DEM
 716 N INTERLACHEN AVE
 WINTER PARK, FL 32789

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

00000401714
 02/02/06-80055-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO MARGIO, NINA H 457 LAKE HOWELL RD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO WARNER, PITT 871 VIRGINIA DRIVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO JAMES, KAREN 1551 DALE AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Uena Stmargio Treas. 1/20/06 407-571-4080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #