


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90204 034 \*\*\*\*61.25

**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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2884695** 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**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW: FEE IS \$61.25**

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**

TITLE	<b>DO</b>	<input type="checkbox"/> Delete
NAME	<b>MARGIO, NINA H</b>	
STREET ADDRESS	<b>1516 E HILLCREST, SUITE 212</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>DO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SAURMAN, ANN</b>	
STREET ADDRESS	<b>104 OSCLEOLA AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK DL</b>	
TITLE	<b>DO</b>	<input type="checkbox"/> Delete
NAME	<b>MARCHMAN, KENNETH R</b>	
STREET ADDRESS	<b>227 W PARK AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>457 Lake Howell Rd</b>	
CITY-ST-ZIP	<b>Maitland, FL. 32751</b>	
TITLE	<b>DO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mari Frith</b>	
STREET ADDRESS	<b>1104 Nottingham ST</b>	
CITY-ST-ZIP	<b>ORLANDO, FL. 32803</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Nina Margio* **RECEIVED** 1-8-03 407-571-4080

CR2E037 (10/02)