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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37240 (1)
1. Corporation Name
WINTER PARK IMPROVEMENT FOUNDATION, INC.



Principal Place of Business Mailing Address
150 N. NEW YORK AVE. 150 N. NEW YORK AVE.
P.O. BOX 280 P.O. BOX 280
WINTER PARK FL 32790 WINTER PARK FL 32790

3. Date Incorporated or Qualified
03/26/1990

4. FEI Number Applied For
59-3035266 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

7. Is this nonprofit corporation a homeowners association? Yes No

24 Zip Country 25 Country 29 Zip Country 30 Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**DAVID NELSON
150 N. NEW YORK AVE.
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *David Nelson* **David Nelson** (Registered agent remains same) DATE **1-27-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID NELSON	1.2 NAME
STREET ADDRESS	150 N. NEW YORK AVENUE	1.3 STREET ADDRESS
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD STRAUSS	2.2 NAME
STREET ADDRESS	122 PARK AVENUE S.	2.3 STREET ADDRESS
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHA, THOMAS	3.2 NAME
STREET ADDRESS	201 N. NEW YORK AVENUE	3.3 STREET ADDRESS
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, JORGE L	4.2 NAME
STREET ADDRESS	1035 S. SEMORAN BLVD., STE. 1011	4.3 STREET ADDRESS
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASS, DAVID	5.2 NAME
STREET ADDRESS	1127 WILKINSON ST.	5.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Nelson* **DAVID NELSON** DATE **1-27-98** DAYTIME PHONE # **407-644-8281**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)