

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90416 047 ****61.25

DOCUMENT # N37240

1. Entity Name
WINTER PARK IMPROVEMENT FOUNDATION, INC.



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

Mailing Address
150 N. NEW YORK AVE.
P.O. BOX 280
WINTER PARK, FL 32790

50013028



2. Principal Place of Business
507 N. New York Ave.

3. Mailing Address

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.

City & State
Winter Park FL

City & State

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3035266

Applied For
 Not Applicable

Zip
32789

Country
Orange

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAM STARK
150 N. NEW YORK AVE.
WINTER PARK, FL 32789

Name

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

507 N. New York Ave.

Suite 102

City

Winter Park

FL

Zip Code

32789

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 _____

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, 2006

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 **D** Delete
 NAME **HERRING, FRANK JR**
 STREET ADDRESS **4901 VINELAND RD, SUITE 200**
 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **D,P** Change Addition
 NAME _____
 STREET ADDRESS **200 E. New England Ave., Suite 350**
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **DP** Delete
 NAME **WALKER, WILLIAM A**
 STREET ADDRESS **250 PARIS AVE S, 5TH FLOOR**
 CITY-ST-ZIP **WINTER PARK, FL 32790**

TITLE **D,C** Change Addition
 NAME _____
 STREET ADDRESS **250 Park Ave S. - 5th Floor**
 CITY-ST-ZIP _____

TITLE **DC** Delete
 NAME **BRADLEY, KEN**
 STREET ADDRESS **200 N LAKEMONT AVE**
 CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** Change Addition
 NAME **Patricia Maddox**
 STREET ADDRESS **220 Edinburgh Dr.**
 CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **D** Delete
 NAME **REGNER, JOSEPH E JR**
 STREET ADDRESS **1560 ORANGE AVE, SUITE 100**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D,T** Change Addition
 NAME _____
 STREET ADDRESS **7250 Aloma Ave**
 CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **DVPS** Delete
 NAME **STARK, SAM**
 STREET ADDRESS **150 N NEW YORK AVE**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE Change Addition
 NAME _____
 STREET ADDRESS **507 N. New York Ave., Suite 102**
 CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **D** Delete
 NAME **SACHA, TOM**
 STREET ADDRESS **304 WING LANE**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM STARK

4/13/06

Date

407-644-8281

Daytime Phone #