2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90319 038 ****61.25

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04142005 Chg-NP CR2E037 (10/03)

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1. Entity Name
WINTERPARK RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3795 WINTERPARK BLVD. NAPLES, FL 34112	C/O DIANA GURGES 3400 TAMIAMI TR. N. #202 NAPLES, FL 33962

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0487116 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GURGES, DIANA
3400 TAMIAMI TR N # 202
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name PMP
Street Address (P.O. Box Number is Not Acceptable) 75 VINEYARDS BLVD. THIRD FLOOR
City NAPLES, FL **FL** Zip Code 34119

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 Michael J Ellert (PMP-AGENT) MICHAEL J. ELLERT 4-19-05
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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DALY, ED 4030 #7 ICECASTLE WAY NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DALY, ED 4030 #7 ICECASTLE WAY NAPLES, FL. 34112	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EVANS, GEORGE 4005 NORTHLIGHT DR. NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EVANS, GEORGE 4005 NORTHLIGHT DR. NAPLES, FL. 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MALIO, JOSEPH 3746 NORTHWINDS DRIVE NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCENSNY, FRED 3724 NORTH WINDS DR. NAPLES FL 34112	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCEACHERN, PAUL 4083 NORTHLIGHT DR. NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCEACHERN, PAUL 4083 NORTHLIGHT DR, NAPLES FL. 34112	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANGELO, RICHARD 3400 FROSTY WAY #8 NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVIES, MARTIN 3840 SNOWFLAKE LANE NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVIES, MARTIN 3840 SNOWFLAKE LANE NAPLES FL 34112	☐ Change ☐ Addition

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: Fred Scensny 4-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #