

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90200 046 ****61.25

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|--|-----------------------|--|---|------------------------------------|--|
| DOCUMENT # N94000002013 1. Entity Name WINTERPARK RECREATION ASSOCIATION, INC. | | | | | |
| Principal Place of Business 3795 WINTERPARK BLVD. NAPLES, FL 34112 | | | Mailing Address C/O DIANA GURGES 3400 TAMiami TR. N. #202 NAPLES, FL 33962 | | |
| 2. Principal Place of Business <i>3795 WinterPark Blvd</i> | | | 3. Mailing Address <i>c/o PMP</i> | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. <i>75 Vineyard Blvd, 3rd Fl</i> | | |
| City & State <i>Naples FL 34112</i> | | | City & State <i>NAPLES, FLORIDA</i> | | |
| Zip <i>USA</i> | | | Zip <i>34119</i> | | |
| Country <i>USA</i> | | | Country <i>USA</i> | | |
| 4. FEI Number 65-0487116 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent PMP 75 VINEYARD BLVD THIRD FLOOR NAPLES, FL 34119 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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 <i>Cheryl G. Brown</i> DATE <i>4/19/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 4030 #7 ICECASTLE WAY | | STREET ADDRESS | 4005 NORTHLIGHT DR. | |
| CITY-ST-ZIP | NAPLES, FL 34112 | | CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | GEORGE EVANS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 4005 NORTHLIGHT DR. | | STREET ADDRESS | 4005 NORTHLIGHT DR. | |
| CITY-ST-ZIP | NAPLES, FL 34112 | | CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | DVP | <input checked="" type="checkbox"/> Delete | TITLE | FRED SCENSY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 3746 NORTHWINDS DRIVE | | STREET ADDRESS | 3724 NORTHWINDS DRIVE | |
| CITY-ST-ZIP | NAPLES, FL 34112 | | CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | AL GILPIN, D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | MCEACHERN, PAUL | | STREET ADDRESS | 3400 FROSTYWAY #9 | |
| CITY-ST-ZIP | 4083 NORTHLIGHT DR. | | CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | ART FORRESTER, VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | ANGELO, RICHARD | | STREET ADDRESS | 3833 SNOWFLAKE LANE | |
| CITY-ST-ZIP | 3400 FROSTY WAY #8 | | CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | TRUMAN WARDEN, D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | DAVIES, MARTIN | | STREET ADDRESS | 4060-3 ICECASTLEWAY | |
| CITY-ST-ZIP | 3840 SNOWFLAKE LANE | | CITY-ST-ZIP | NAPLES, FL 34112 | |
| 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: <i>Fred Scensy President</i> DATE <i>4/19/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |