

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002013

FILED
Apr 23, 2009
Secretary of State

Entity Name: WINTERPARK RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

3795 WINTERPARK BLVD.
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

745 12TH AVE. S
AA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0487116 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT, LLC
745 12TH AVE. S. AA
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALSH, KEVIN
Address: 3450 FROSTY WAY #10
City-St-Zip: NAPLES, FL 34112

Title: S () Delete
Name: DALY, ED
Address: 4030-7 ICE CASTLE WAY
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: FERGUSON, JAMES
Address: 3480 FROSTY WAY #6
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: DELBOCCIO, BEVERLY
Address: 3877 SNOWFLAKE LANE
City-St-Zip: NAPLES, FL 34112

Title: T () Delete
Name: DAVIES, MARTIN
Address: 3840 SNOWFLAKE LANE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN WALSH

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date