

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90367 020 ****61.25

DOCUMENT # N95000000355 1. Entity Name PARK AVENUE ESTATES HOMEOWNERS ASSOCIATION OF WINTER GARDEN, INC.					
Principal Place of Business 4004 EDGEWATER DRIVE ORLANDO, FL 32804 US			Mailing Address 4004 EDGEWATER DRIVE ORLANDO, FL 32804 US		
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 59-3415540	
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		
ASSET REAL ESTATE, INC. 4004 EDGEWATER DRIVE ORLANDO, FL 32804			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 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 NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, DONNA 307 WINDFORD COURT WINTER GARDEN, FL 34787	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CURTIS, VIRGINA 311 WINDFORD COURT WINTER GARDEN, FL 34787	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUMENFELD, PAMELA 312 WINDFORD COURT WINTER GARDEN, FL 34787	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, STEVE 307 WINDFORD COURT WINTER GARDEN, FL 34787	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, STEVE 307 WINDFORD COURT WINTER GARDEN, FL 34787	☒ Delete			
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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: Donna Thomas Donna Thomas					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/17/06 407 299-9009					