

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

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



01262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3415540

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ASSET REAL ESTATE, INC.  
4004 EDGEWATER DRIVE  
ORLANDO, FL 32804

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
THOMAS, DONNA  
307 WINDFORD COURT  
WINTER GARDEN, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
CURTIS, VIRGINA  
311 WINDFORD COURT  
WINTER GARDEN, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
POOLER, MIKE  
1321 S PARK AVE  
WINTER GARDEN, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLUMENFEILD, PAM  
312 WINDFORD COURT  
WINTER GARDEN, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000813276  
02/12/08-80083-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

1/31/2008 407 299-9009

Date

Daytime Phone #