

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002399

1. Entity Name
SIDE BY SIDE OF WINTER SPRINGS, INC.



Principal Place of Business
**575 TUSCAWILLA RD
WINTER SPRINGS, FL 32708**

Mailing Address
**575 TUSCAWILLA RD
WINTER SPRINGS, FL 32708**



01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3450851	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

**DULA, GAIL
575 TUSCAWILLA RD
WINTER SPRINGS, FL 32708**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1000000415835
02/11/06-80097-014 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DULA, GAIL
STREET ADDRESS 7673 WINDING LAKE CIRCLE
CITY-ST-ZIP OVIEDO, FL 32765

TITLE TD
NAME ARMETTA, FRANK V
STREET ADDRESS 836 BENTLEY GREEN CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE D
NAME HARGRAVE, THOMAS M
STREET ADDRESS 818 LULLWATER DR.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D
NAME MANN, PHYLLIS J
STREET ADDRESS 5560 S. LAKE BURKETT LANE
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE D
NAME BRICK, MICHAEL
STREET ADDRESS 321 W. FRANKLIN STREET
CITY-ST-ZIP OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Frank V. Armatta* **FRANK V. ARMETTA, TD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06 427-366-0879
Date Daytime Phone #