

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006014

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** MILANO AT WINTER PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

644 OSCEOLA AVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2337  
WINTER PARK, FL 32790

**New Mailing Address:**

227 W NEW ENGLAND AVE.  
SUITE A  
WINTER PARK, FL 32789

**FEI Number:** 59-3613266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARINO, CATHY  
227 W. NEW ENGLAND AVE. #A  
WINTER PARK, FL 32789 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: DP ( ) Delete  
Name: CROFTON, RICHARD  
Address: 644 OSCEOLA AVE.  
City-St-Zip: WINTER PARK, FL 32789

Title: DVP ( ) Delete  
Name: LUPINO, KENNETH  
Address: 640 OSCEOLA AVE.  
City-St-Zip: WINTER PARK, FL 32789

Title: DT ( ) Delete  
Name: MILLER, T. STEVEN  
Address: 650 OSCEOLA AVE.  
City-St-Zip: WINTER PARK, FL 32789

**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:

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: CATHY MARINO

AS

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date