

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24889

Entity Name: WINTER SPRINGS SENIOR CENTER, INC.

Current Principal Place of Business:

400 NORTH EDGEMON AVE
% PRESIDENT
WINTER SPRINGS, FL 32708

Current Mailing Address:

400 NORTH EDGEMON AVE
% PRESIDENT
WINTER SPRINGS, FL 32708

FEI Number: 59-2952689

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KREINER, ISLA M
806 BIG BUCK CIR
WINTER SPRINGS, FL 32708 US

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

Officer/Director Detail :

Title SD
Name WALSH, EDITH
Address 313 FREEDOMS RING DR
City-State-Zip: WINTER SPRINGS FL 32708

Title TD
Name KREINER, ISLA M
Address 806 BIG BUCK CIR
City-State-Zip: WINTER SPRINGS FL 32708

Title P
Name POE, WILLIAM
Address 639 MARLIN ROAD
City-State-Zip: WINTER SPRINGS FL 32708

Title VP
Name RPBERT, OSBORNE VP
Address 319 CASA GRANDE COURT
City-State-Zip: WINTER SPRINGS FL 32708

Title DR
Name ANDRIANO , ELAINE
Address 3176 ORVA KANE
City-State-Zip: WINTER SPRINGS FL 32708

Title DR
Name ENSOR, LUCY
Address 303 OAKWOOD COURT
City-State-Zip: CASSELBERRY FL 32730

I hereby 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 all other like empowered.

SIGNATURE: ISLA M. KREINER

TREASURER

04/17/2013

Electronic Signature of Signing Officer/Director Detail

_____ Date