

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 21 PM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1147991  
1. Corporation Name  
WINCHESTER COURTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business      Mailing Address  
8259 No. MILITARY TR. STE #3      P.O. Box 32487  
PALM BCH. GONS., FL. 33410      PALM BCH. GONS. FL. 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <u>07/06/1979</u>	3a. Date of Last Report <u>1994</u>
4. FEI Number <u>59-2053343</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<u>BHD CORPORATION</u> <u>8259 No. MILITARY TRAIL, STE. 3</u> <u>PALM BCH. GONS., FL. 33410</u>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<u>FL</u>	85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE B. Jamason      B. JAMASON, LCAM      3/15/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)      DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<u>PRESIDENT</u>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<u>DONALD C. GIBSON</u>	1.2 NAME		<u>600001464796</u>			
STREET ADDRESS	<u>8259 No. MILITARY TR. STE #3</u>	1.3 STREET ADDRESS		<u>-04/26/95--01020--004</u>			
CITY-ST-ZIP	<u>P.B.G. FL. 33410</u>	1.4 CITY-ST-ZIP		<u>*****130.00 *****130.00</u>			
TITLE	<u>VIC PRESIDENT</u>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<u>PATERIA BAKACH</u>	2.2 NAME					
STREET ADDRESS	<u>8259 No. MILITARY TR. STE #3</u>	2.3 STREET ADDRESS					
CITY-ST-ZIP	<u>P.B.G. FL. 33410</u>	2.4 CITY-ST-ZIP					
TITLE	<u>TREASURER + DIRECTOR</u>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<u>BAERY COOPER SMITH</u>	3.2 NAME					
STREET ADDRESS	<u>8259 No. MILITARY TR. STE #3</u>	3.3 STREET ADDRESS					
CITY-ST-ZIP	<u>P.B.G. FL. 33410</u>	3.4 CITY-ST-ZIP					
TITLE	<u>DIRECTOR</u>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<u>CARL TOLES</u>	4.2 NAME					
STREET ADDRESS	<u>8259 No. MILITARY TR. STE #3</u>	4.3 STREET ADDRESS					
CITY-ST-ZIP	<u>P.B.G. FL. 33410</u>	4.4 CITY-ST-ZIP					
TITLE	<u>DIRECTOR</u>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<u>ROSE WHITE</u>	5.2 NAME					
STREET ADDRESS	<u>8259 No. MILITARY TR. STE #3</u>	5.3 STREET ADDRESS					
CITY-ST-ZIP	<u>P.B.G. FL. 33410</u>	5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald C. Gibson      3/15/95      407/694-1056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Article 17, s. 1)