

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747991 (8)

1. Corporation Name
WINCHESTER COURTS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 8259 N. MILITARY TRAIL SUITE 3 PALM BCH. FL 33410 US	Mailing Address P.O. BOX 32487 PALM BCH. GARDENS FL 33410 US
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3. Date Incorporated or Qualified 07/06/1979	
4. FEI Number 59-2053343	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BHD CORPORATION
8259 N. MILITARY TRAIL STE. 3
MIAMI BCH. GARDENS FL 33410**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when relistating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D & TREASURER	<input type="checkbox"/> DELETE	1.1 TITLE TRUSTEE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FARRELL, PATRICIA		1.2 NAME FRANCIS BOWIE	
STREET ADDRESS 8259 N. MILITARY TRAIL STE.		1.3 STREET ADDRESS 8259 N. MILITARY TRAIL	
CITY-ST-ZIP PALM BCH. GARDENS FL		1.4 CITY-ST-ZIP P.B.G. FL. 33410	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUCK, GREGORY		2.2 NAME LINDA HODGES	
STREET ADDRESS 8259 NO. MILITARY TRAIL STE #3		2.3 STREET ADDRESS 8259 NO. M. TRAIL	
CITY-ST-ZIP PALM BEACH GDNS FL		2.4 CITY-ST-ZIP P.B.G. FL. 33410	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOPERSMITH, BARRY		3.2 NAME	
STREET ADDRESS 8259 N. MILITARY TRAIL STE. #3		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM BCH. GARDENS FL 33410		3.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	4.1 TITLE GRAND TILES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOLES, CARL		4.2 NAME 116675 71035 R	
STREET ADDRESS 8259 N. MILITARY TRAIL STE. 3		4.3 STREET ADDRESS P.B.G.	
CITY-ST-ZIP PALM BCH. GARDENS FL		4.4 CITY-ST-ZIP FL. 33410	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE ROSE K. WHITE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITE, ROSE		5.2 NAME 42706 HAZEL AVE	
STREET ADDRESS 8259 N. MILITARY TRAIL STE. #3		5.3 STREET ADDRESS PALM BEACH GARDENS, FL 33410	
CITY-ST-ZIP PALM BCH. GARDENS FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rose K. White* **ROSE K. WHITE** 3/25/98

CFR2E037 (10/97)