


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90063 016 ****61.25

0085411

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 747991		
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	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/06/1979
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2053343
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	25	29
30		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BHD CORPORATION 8259 N. MILITARY TRAIL STE. 3 MIAMI BCH. GARDENS FL 33410		81 Name	BEVERLEY JAMASON
		82 Street Address (P.O. Box Number is Not Acceptable)	15247 GIBB COURT NORTH
		83	
		84 City	LOXAHATCHEE FL
	85 Zip Code	33470	

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: B. Jamason DATE: 3/10/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWIE, FRANCIS	1.2 NAME	
STREET ADDRESS	8259 NO MILITARY TR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, LINDA	2.2 NAME	
STREET ADDRESS	8259 N MILITARY TR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33410	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLES, CARL	3.2 NAME	SUSAN ESTEVER
STREET ADDRESS	8259 N. MILITARY TRAIL STE. 3	3.3 STREET ADDRESS	8259 N. MILITARY TRAIL, STE. 3
CITY-ST-ZIP	PALM BCH. GARDENS FL	3.4 CITY-ST-ZIP	P.B.G. FL. 33420
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	WHITE, ROSE	4.2 NAME	
STREET ADDRESS	8259 N. MILITARY TRAIL STE. #3	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PATRICIA FARREL
STREET ADDRESS		5.3 STREET ADDRESS	8259 N. MILITARY TRAIL, STE. 3
CITY-ST-ZIP		5.4 CITY-ST-ZIP	P.B.G. FL. 33420
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SARA UMANSKY
STREET ADDRESS		6.3 STREET ADDRESS	8259 N. MILITARY TRAIL, STE. 3
CITY-ST-ZIP		6.4 CITY-ST-ZIP	P.B.G. FL. 33420

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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED DATE: 3/10/99 561/792-2934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)