


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90082 012 ****61.25

DOCUMENT # 747991			
1. Entity Name WINCHESTER COURTS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 8259 N. MILITARY TRAIL SUITE 11 PALM BCH., FL 33410 US		Mailing Address 8259 N. MILITARY TRAIL SUITE 11 PALM BCH., FL 33410 US	
2. Principal Place of Business <i>10 Capital Realty Advisors</i> Suite, Apt. #, etc. <i>600 Sandtril Drive, #109</i>		3. Mailing Address <i>10 Capital Realty Advisors</i> Suite, Apt. #, etc. <i>600 Sandtril Dr., Suite 109</i>	
City & State <i>Palm Beach Gardens</i>		City & State <i>Palm Beach Gardens</i>	
Zip <i>33409</i>	Country <i>Palm Beach</i>	Zip <i>33409</i>	Country <i>Palm Beach</i>
6. Name and Address of Current Registered Agent JAMASON, BEVERLEY 8259 N MILITARY TR STE 11 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name <i>Donna McDonald</i> Street Address (P.O. Box Number is Not Acceptable) <i>10 Capital Realty Advisors</i> <i>600 Sandtril Dr., Suite 109</i> City <i>Palm Beach Gardens</i> FL Zip Code <i>33409</i>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Donna McDonald, Agent.</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYER, KEITH 8259 N MILITARY TRAIL, # 11 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4338A Hazel</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCGREGOR, RICH 8259 N MILITARY TRAIL, # 11 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Maurien Dielicio</i> <i>11685A Ficks</i> <i>Palm Bch. Gardens FL 33410</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARREL, PATRICIA 8259 N MILITARY TRAIL #11 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>David Labenson</i> <i>4348 D Hazel</i> <i>Palm Bch. Gardens FL 33410</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, STEPHANIE 8259 N MILITARY TRAIL, # 11 PBG, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Linda Otto</i> <i>11580 Winchester Dr.</i> <i>Palm Bch. Gardens FL 33410</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEVER, LARRY 8259 N MILITARY TRAIL PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Jud Laird</i> <i>4376 B Hazel</i> <i>Palm Bch Gardens FL 33410</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date <i>561-630-5055</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	