


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90046 009 ****61.25

DOCUMENT # 747991			
1. Entity Name WINCHESTER COURTS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O CAPITAL REALTY ADVISORS 600 SANDTREE DR STE 109 PALM BEACH GARDENS, FL 33409 US		Mailing Address C/O CAPITAL REALTY ADVISORS 600 SANDTREE DR STE 109 PALM BEACH GARDENS, FL 33409 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MCDONALD, DONNA C/O CAPITAL REALTY ADVISORS 600 SANDTREE DR STE 109 PALM BEACH GARDENS, FL 33409		7. Name and Address of New Registered Agent Name <u>Rosenthal, David C/O PHOENIX MAN.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3082 JOG Road</u> City <u>LAKE WORTH</u> FL Zip Code <u>33467</u>	
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 <u>David C. Rosenthal</u> DATE <u>4/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	VPD BRYER, KEITH 4338A HAZEL PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ELICIO, MARJEN 11655A FICKS PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pfister, Kathleen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4386 B HAZEL AVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEBENSON, DAVID 4348 D HAZEL PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gibson, Don <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11564 Winchester Drive PALM BEACH GARDENS FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OTTO, LINDA 11580 WINCHESTER DR PBG, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAIRD, JUD 4376 B HAZEL PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVELLI ANTHONY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition A356 D HAZEL AVENUE PALM BEACH GARDENS FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES-PYBURN, LINDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11595C WINCHESTER DRIVE PALM BEACH GARDENS FL 33410
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>David C. Rosenthal</u>		Date _____ Daytime Phone # _____	

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04062007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2053343** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

(Tel) 404-1550