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

Principal Place of Business

WINCHESTER COURTS HOMEOWNERS ASSOCIATION. INC.



C/O CAPITAL REALTY ADVISORS C/O CAPITAL REALTY ADVISORS

Mailing Address

40001120

PALM BEACH	EE DR STE 1 I GARDENS, 1		600 SANDTREE DR S Palm Beach Garde			H TERUK KAMA TATUL MILI BARM DIAN ATAW ATAW ATAW ATAWAT AN TARA				
2. Principal Pl	tace of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		04062007	Chg-NP CR2E037 (12/06)				
City & State	9		City & State		4. FEI Number 59-20533	43 Applied For Not Applicable				
Zip		Country	Zip _	Country	5. Certificate of	Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
600 SAND	TAL REAL TREE DR	TY ADVISORS STE 109			ddress (P.O. Box Number is	s Not Acceptable)				
PALM BEA	ACH GARI	DENS, Fb. 33409		Sto 4	BZ JO9 WE WOR'	Road TH FL ZZZZLCZ				
	named entiti		the purpose of changing	its registered office or	registered agent, or both,	in the State of Florida. I am familiar with, and accept				
SIGNATURE.	Signature, typed	or printed name of registered agent a	and title if applicable. (N	OTE: Registered Agent signatu	re required when reinstating)	DATE				
1	_	e is \$61.25 Nay 1, 2007	1	ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State				
10.	•	OFFICERS AND DIF	RECTORS	11.	ADDITIONS (CHAN	GES TO OFFICERS AND DIRECTORS IN 10				
		CITIOCITO I WILD DI	ECTORS		ADDITIONS/CHAIN	GES TO OFFICE IS AND BIREOTORIS IN TO				
TITLE	VPD		☐ Delete	TITLE	ADDITIONS/CHAIN	Change Addition				
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]	BRYER, H	KEITH NZEL	☐ Delete	TITLE	ADDITIONS/CHAIN					
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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

C/611-1550