


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90020 037 ****61.25

DOCUMENT # 747991

1. Entity Name
 WINCHESTER COURTS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 C/O PHEONIX MANAGEMENT S
 3082 JOG ROAD
 LAKE WORTH, FL 33467 US

Mailing Address
 C/O PHEONIX MANAGEMENT S
 3082 JOG ROAD
 LAKE WORTH, FL 33467 US

40050603



2. Principal Place of Business - No P.O. Box #
 c/o Phoenix Management

3. Mailing Address
 c/o Phoenix Management

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02042008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2053343

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENTHAL, DAVID
 C/O PHEONIX MANAGE.
 3082 JOG ROAD
 LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 c/o Phoenix Management

City **FL** Zip Code

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.

David C Rosenthal

SIGNATURE _____ DATE 3/3/08

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRYER, KEITH 4338A HAZEL PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, ROSE 4270 HAZEL AVENUE #B PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIBSON, DON 11564 WINCHESTER DR PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVELLI, ANTHONY 4356 D HAZEL AVE PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYBURN, LINDA 11595 C EINCHESTER DR PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Galligan, Debbie 11625 Winchester Dr # B Palm Beach Gardens FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vought, Nancy 11565 Winchester Dr. Palm Beach Gardens FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gibson Don 11564 Winchester Dr. Palm Beach Gardens FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pyburn Linda 11595 Winchester Dr #C Palm Beach Gardens FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Rosent. White* DATE: 3/26/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR