

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747991

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** WINCHESTER COURTS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8259 N. MILITARY TRAIL  
SUITE 11  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

4227 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

8259 N. MILITARY TRAIL  
SUITE 11  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

4227 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410 US

FEI Number: 59-2053343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEA BREEZE CMS, INC  
8259 N. MILITARY TRAIL  
SUITE 11  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

SEA BREEZE CMS, INC  
4227 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE:

02/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCCARTHY, MICHAEL  
Address: 4227 NORTHLAKE BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPD  
Name: ANIS, WILLIAM  
Address: 4227 NORTHLAKE BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD  
Name: COOPERSMITH, CAROL  
Address: 4227 NORTHLAKE BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD  
Name: DOUGLAS, NORI  
Address: 4227 NORTHLAKE BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: LINCOLN, LARISSA  
Address: 4227 NORTHLAKE BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL MCCARTHY

PRES

02/29/2012

Electronic Signature of Signing Officer or Director

Date