

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90059 010 \*\*\*\*61.25



**DOCUMENT # N04000006670**  
 1. Entity Name  
**SOUTHERN COURT TENANTS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 C/O ELEANOR T. WINCH C/O ELEANOR T. WINCH  
 8 AZALEA DRIVE 8 AZALEA DRIVE  
 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404



1st MOORE CR2E037 (10/06)

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

4. FEI Number **65-0178707** Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 WINCH, ELEANOR T  
 8 AZALEA DRIVE  
 RIVIERA BEACH FL 33404

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.  
 SIGNATURE *Eleanor T. Winch*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	WINCH, ELEANOR T	
STREET ADDRESS	8 AZALEA DR.	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RIZETTO, DARWIN	
STREET ADDRESS	26 CITRUS DR.	
CITY-ST-ZIP	RIVIERA DRIVE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINCH, ARTHUR O	
STREET ADDRESS	8 AZALEA DR.	
CITY-ST-ZIP	RIVIERA DRIVE FL	
TITLE	<i>Kenneth Morrison</i>	<input type="checkbox"/> Delete
NAME	<i>Kenneth Morrison</i>	
STREET ADDRESS	<i>228 Banyan Rd -</i>	
CITY-ST-ZIP	<i>Riviera Beach, Treasurer</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eleanor T. Winch* *Feb 9, 2007*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #