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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE 95
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41981 (4)

1. Corporation Name

WINTER HILL HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 240 KILLINGTON CT.<br>ORLANDO FL 32835<br>US | 240 KILLINGTON CT.<br>ORLANDO FL 32835<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1991
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-3050963 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

ELLENWOOD, ROBERT L.
240 KILLINGTON CT.
ORLANDO FL 32835

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | D ☐ Change ☒ Addition |
| NAME | ELLENWOOD, ROBERT L. | 1.2 NAME | Dolan, Pam |
| STREET ADDRESS | 240 KILLINGTON CT. | 1.3 STREET ADDRESS | 330 Snowshoe Ct. |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | Orlando, Fl. 32835 |
| TITLE | VD | 2.1 TITLE | D ☐ Change ☐ Addition |
| NAME | MARRERO, TED | 2.2 NAME | Grant, Edgar |
| STREET ADDRESS | 8031 ADDISON CT. | 2.3 STREET ADDRESS | 344 Snowshoe Ct |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | Orlando, Fl. 32835 |
| TITLE | TD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | GLAUSIER, JOY | 3.2 NAME | |
| STREET ADDRESS | 245 KILLINGTON CT. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | |
| TITLE | ST | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | WHITEHEAD, DEBERAH | 4.2 NAME | |
| STREET ADDRESS | 106 KILLINGTON WAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | SIMS, TOM | 5.2 NAME | |
| STREET ADDRESS | 116 KILLINGTON WAY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | LORD, RUSSELL | 6.2 NAME | |
| STREET ADDRESS | 238 KILLINGTON WAY | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L. Ellenwood January 17, 1995 561-294-1992
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR (Daytime Phone #)

0034638