

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
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.
ORLANDO FL 32835
US

240 KILLINGTON CT.
ORLANDO FL 32835
US

3. Date Incorporated or Qualified
02/07/1991

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3050963

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELLENWOOD, ROBERT L.	
STREET ADDRESS	240 KILLINGTON CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARRERO, TED	
STREET ADDRESS	8031 ADDISON CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GLAUSIER, JOY	
STREET ADDRESS	245 KILLINGTON CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WHITEHEAD, DEBERAH	
STREET ADDRESS	106 KILLINGTON WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMS, TOM	
STREET ADDRESS	118 KILLINGTON WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LORD, RUSSELL	
STREET ADDRESS	238 KILLINGTON WAY	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pamela Dolan	
1.3 STREET ADDRESS	330 Snowshoe Ct.	
1.4 CITY-ST-ZIP	Orlando, Fl. 32835	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Celeste Black	
2.3 STREET ADDRESS	8024 Addison Ct.	
2.4 CITY-ST-ZIP	Orlando, Fl. 32835	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard Peele	
3.3 STREET ADDRESS	233 Killington Ct.	
3.4 CITY-ST-ZIP	Orlando, Fl. 32835	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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*
Robert L. Ellenwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

294-9492
January 18, 1996 (407)

Date Daytime Phone

CR2E037 (12/95)