

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41981

FILED
Mar 29, 2005
Secretary of State

Entity Name: WINTER HILL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 616104
ORLANDO, FL 328616104 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 616104
ORLANDO, FL 328616104 US

New Mailing Address:

FEI Number: 59-3050963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILINSKI, BONNIE
375 KILLINGTON WAY
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILINSKI, BONNIE
Address: 375 KILLINGTON WAY
City-St-Zip: ORLANDO, FL 32835

Title: V () Delete
Name: BLACK, CHARLES
Address: 8024 ADDISON CT
City-St-Zip: ORLANDO, FL 32835

Title: T () Delete
Name: BOXX, TRACY
Address: 113 KILLINGTON WAY
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: BURTON, RUTH
Address: 210 KILLINGTON CT
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: JONES, NATE
Address: 8019 ADDISON COURT
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: FRANKLIN, SCOTT
Address: 318 SNOWSHOE COURT
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BONNIE WILINSKI

P

03/29/2005

Electronic Signature of Signing Officer or Director

Date