

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009350

**Entity Name:** NEW HOMETOWN AT WINTHROP HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 11, 2014**  
**Secretary of State**  
**CC8060782985**

**Current Principal Place of Business:**

551 NORTH CATTLEMEN ROAD,  
SUITE 200  
SARASOTA, FL 34232

**Current Mailing Address:**

551 NORTH CATTLEMEN ROAD,  
SUITE 200  
SARASOTA, FL 34232 US

**FEI Number: 20-5469160**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GONZALES, FELIPE  
Address        551 NORTH CATTLEMEN ROAD,  
                  SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title            VP, TREASURER, DIRECTOR  
Name            MANSFIELD, MICHAEL E.  
Address        551 NORTH CATTLEMEN ROAD,  
                  SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title            VP  
Name            KEMPTON, JOHN STEVEN  
Address        551 NORTH CATTLEMEN ROAD,  
                  SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title            VP, SECRETARY, DIRECTOR  
Name            BRIONES, TRACY  
Address        551 NORTH CATTLEMEN ROAD,  
                  SUITE 200  
City-State-Zip: SARASOTA FL 34232

*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: TRACY BRIONES**

**VP, SECRETARY,  
DIRECTOR**

**02/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date