

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90044 034 \*\*\*\*61.25

**DOCUMENT # 707735**

1. Entity Name  
**WINTER HAVEN HARBOUR APARTMENTS, INC.**



Principal Place of Business  
**1700 6TH ST NW  
WINTER HAVEN, FL 33881 US**

Mailing Address  
**1700 6TH ST NW  
WINTER HAVEN, FL 33881 US**

**50002256**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1161520**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONEY, DAN  
1700 6TH ST., N.W.  
WINTER HAVEN, FL 33881-2173**

Name **DONNA BROWN, SECRETARY**

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

**1700 SIXTH ST. NW**

**OFFICE**

City **WINTER HAVEN**

FL Zip Code **33881**

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 **DONNA BROWN, SECRETARY Donna Brown**

**3-24-08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **PFINGSTEN, LEROY**  
STREET ADDRESS **1700 6TH ST NW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☒ Delete  
NAME **DUBOIS, ELEANOR**  
STREET ADDRESS **1700 6TH ST NW**  
CITY-ST-ZIP **WINTER HAVEN, FL 34881**

TITLE **P/D** ☒ Delete  
NAME **MONEY, DAN**  
STREET ADDRESS **1700 6TH ST NW**  
CITY-ST-ZIP **WINTER HAVEN, FL**

TITLE **DT** ☐ Delete  
NAME **MITCHELL, EDWIN**  
STREET ADDRESS **1700 6TH ST NW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☐ Delete  
NAME **TUMMOND, TERESA**  
STREET ADDRESS **1700 6TH ST NW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **S/D** ☐ Delete  
NAME **BROWN, DONNA**  
STREET ADDRESS **1700 6TH ST NW**  
CITY-ST-ZIP **WINTER HAVEN, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D** ☐ Change ☒ Addition  
NAME **FRANCIS MONEY**  
STREET ADDRESS **1700 6TH ST NW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☐ Change ☒ Addition  
NAME **GERALD SHELTON**  
STREET ADDRESS **1700 6TH ST NW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☐ Change ☒ Addition  
NAME **LARRY STAIDA**  
STREET ADDRESS **1700 6TH ST NW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **T/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **JOE ALBRITTON**  
STREET ADDRESS **1700 6TH ST NW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **DONNA BROWN Donna Brown**

**3-24-08**

**863 294 3191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #