2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 707735

Entity Name: WINTER HAVEN HARBOUR APARTMENTS, INC.

Current Principal Place of Business:

1700 6TH ST NW
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

1700 6TH ST NW
OFFICE
WINTER HAVEN, FL 33881 US

Current Mailing Address:

1700 6TH ST NW
WINTER HAVEN, FL 33881 US

New Mailing Address:

1700 6TH ST NW
OFFICE
WINTER HAVEN, FL 33881 US

FEI Number: 59-1161520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, DONNA
1700 SIXTH ST. NW
OFFICE
WINTER HAVEN, FL 33881 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: VD ( ) Delete
Name: FRANCIS, MONEY
Address: 1700 6TH ST NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: SHELTON, GERALD
Address: 1700 6TH ST NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: STAIDA, LARRY
Address: 1700 6TH ST NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD ( ) Delete
Name: MITCHELL, EDWIN
Address: 1700 6TH ST NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: PD ( ) Delete
Name: TUMMOND, TERESA
Address: 1700 6TH ST NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: ALBRITTON, JON
Address: 1700 6TH ST NW
City-St-Zip: WINTER HAVEN, FL 33881

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 exemption stated 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 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: EDWIN MITCHELL TD 01/14/2009
Electronic Signature of Signing Officer or Director Date