FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **726370** **(0)**

1. Corporation Name
WINCHESTER MANOR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10 LYNNHURST DR. ~~CONDO UNIT 114~~ ORMOND BCH FL 32176-3735	10 LYNNHURST DR. ~~CONDO UNIT 114~~ ORMOND BCH FL 32176-3735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1579558 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 10 Lynnhurst Dr.	26 10 Lynnhurst Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Ormond Beach, FL	28 Ormond Beach, FL
24 Zip 32176 25 Country Volusia	29 Zip 32176 30 Country Volusia

9. **Name and Address of Current Registered Agent**

SPAULDING, SUSAN
55 LONGWOOD DR
ORMOND BEACH FL 32716

10. **Name and Address of New Registered Agent**

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☐ Change ☒ Addition
NAME	KAPELA, HENRY	12 NAME	FRED BARRIES	
STREET ADDRESS	10 LYNNHURST DR #106	13 STREET ADDRESS	10 LYNNHURST DR # 116	
CITY-ST-ZIP	ORMOND BEACH FL	14 CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	VPD	21 TITLE	D	☐ Change ☒ Addition
NAME	BURKE, OTIS	22 NAME	OLEN MORTON	
STREET ADDRESS	P O BOX 459	23 STREET ADDRESS	10 LYNNHURST DR #108	
CITY-ST-ZIP	CULPEPPER VA	24 CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	~~MD~~ S	31 TITLE	D	☐ Change ☒ Addition
NAME	HAGER, EVE	32 NAME	RAY LOWE	
STREET ADDRESS	10 LYNNHURST DR #112	33 STREET ADDRESS	10 LYNNHURST DR # 211	
CITY-ST-ZIP	ORMOND BEACH FL	34 CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Fred Barries Fred Barries 4-18-95 904-441-6071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000376