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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

WINCHESTER MANOR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10 LYNNHURST DR. ORMOND BCH FL 32176 US	10 LYNNHURST DR. ORMOND BCH FL 32176-3735 US

3. Date Incorporated or Qualified: **05/09/1973**
3a. Date of Last Report: **03/15/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPS	☒ DELETE	1.1 TITLE	VP D	☐ Change ☒ Addition
NAME	BORRIES, FRED		1.2 NAME	Elenor Carr	
STREET ADDRESS	10 LYNNHURST DR #116		1.3 STREET ADDRESS	10 Lynnhurst Dr. #214	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	Ormond Bch., Fl. 32176	
TITLE	VPD	☒ DELETE	2.1 TITLE	Sec/Tres. D	☐ Change ☒ Addition
NAME	BURKE, OTIS		2.2 NAME	Cona Pyle	
STREET ADDRESS	P O BOX 459		2.3 STREET ADDRESS	10 Lynnhurst Dr. #102	
CITY-ST-ZIP	CULPEPPER VA		2.4 CITY-ST-ZIP	Ormond Bch., Fl 32176	
TITLE	PRES D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WARNEKE, ESTHER		3.2 NAME		
STREET ADDRESS	10 LYNNHURST DR#111		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, OLEN		4.2 NAME		
STREET ADDRESS	10 LYNNHURST DR #108		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LOWE, RAY		5.2 NAME		
STREET ADDRESS	10 LYNNHURST DR #211		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Susan Spaulding Susan Spaulding 2/6/97 904 441 6726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 0003523