FILED
May 05, 2004 8:00 am
Secretary of State
04-19-2004 90282 043 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 726370

1. Entity Name
WINCHESTER MANOR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10 LYNNHURST DR. ORMOND BCH, FL 32176 US	55 LONGWOOD DR ORMOND BCH, FL 32176 US

[redacted]

04062094 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1579558 ☐ Applied For ☐ Not Applicable

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
A1A TAX AND BOOKKEEPING INC 55 LONGWOOD DR ORMOND BEACH, FL 32716	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARR, ELENOR 10 LYNN HURST DR #214 ORMOND BCH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Treasurer Reinhart, Ann 10 Lynnhurst Dr #106 Ormond Bch, FL 32176	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PYLE, CONA 10 LYNNHURST DR #102 ORMOND BCH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Secretary Kinder, John 10 Lynnhurst Dr #111 Ormond Bch, FL 32176	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD. VANDERVORT, JANE 10 LYNNHURST DR #101 ORMOND BEACH, FL 32176	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Leonhartsberger, Frank 12615 Perrywood Lane Dunkirk, MD 20754	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 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: Ann Reinhart for RA 4-25-04 386-441-6726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #