


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 726370		
1. Entity Name WINCHESTER MANOR ASSOCIATION, INC.		

Principal Place of Business 10 LYNNHURST DR. ORMOND BCH, FL 32176 US	Mailing Address 55 LONGWOOD DR ORMOND BCH, FL 32176 US
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2. Principal Place of Business		3. Mailing Address 10 Lynnhurst Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ormond Beach, FL	
Zip	Country	Zip 32176	Country US

10112005 REIN-NP CR2E099 (6/04)

6. Name and Address of Current Registered Agent A1A TAX AND BOOKKEEPING INC. 55 LONGWOOD DR ORMOND BEACH, FL 32176		7. Name and Address of New Registered Agent Name Susan Glad Bookkeeping LLC Street Address (P.O. Box Number is Not Acceptable) 157 Brandy Hills Dr. Port Orange FL 32129	
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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 Susan Glad Susan Glad <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 10-11-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT REINHART, ANN 10 LYNNHURST DR # 106 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARRELENDRE 10 LYNNHURST DR. #214 ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KINDER, JOHN 10 LYNNHURST DR # 111 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWE, RAY 10 LYNNHURST DR. #211 ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONHARTSBERGER, FRANK 12615 PERRYWOOD LANE DUNKIRK, MD 20754	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOWE, PATRICIA 10 LYNNHURST DR. #211 ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400060630244 10/14/05--01062--009 **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Glenn S. Carr <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 10-12-05 <small>Date</small>

FILED
05 OCT 14 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

