

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726370

FILED  
Apr 18, 2009  
Secretary of State

**Entity Name:** WINCHESTER MANOR ASSOCIATION, INC.

**Current Principal Place of Business:**

10 LYNNHURST DR.  
ORMOND BCH, FL 32176 US

**New Principal Place of Business:**

**Current Mailing Address:**

10 LYNNHURST DR.  
ORMOND BCH, FL 32176 US

**New Mailing Address:**

**FEI Number:** 59-1579558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUSAN GLAD BOOKKEEPING LLC  
157 BRANDY HILLS DR  
PORT ORANGE, FL 32129 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: PT ( ) Delete  
Name: CARR, ELENORE  
Address: 10 LYNNHURST DR. #214  
City-St-Zip: ORMOND BCH, FL 32176 US

Title: V ( ) Delete  
Name: LOWE, RAY  
Address: 10 LYNNHURST DR # 211  
City-St-Zip: ORMOND BEACH, FL 32176

Title: S ( ) Delete  
Name: LOWE, PATRICIA  
Address: 10 LYNNHURST DR. #211  
City-St-Zip: ORMOND BCH, FL 32176 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: LEONHARTSBERGER, BETSI  
Address: 10 LYNNHURST DR # 215  
City-St-Zip: ORMOND BEACH, FL 32176

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: SUSAN GLAD

AGEN

04/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date