


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 741269	
1. Entity Name WINTER HAVEN FEDERATION OF LAKE ASSOCIATIONS, INC.	

Principal Place of Business TWO EAST LAKES HOWARD DRIVE WINTER HAVEN, FL 33881	Mailing Address TWO EAST LAKES HOWARD DRIVE WINTER HAVEN, FL 33881
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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1830075	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JENNINGS, THOMAS E TWO E LAKE HOWARD DR WINTER HAVEN, FL 33881-0153
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV JENNINGS, THOMAS E. 2 EAST LAKE HOWARD DR WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIDENSTICK, BEVERLY 2500 21ST ST N.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REED, JEAN 27 LAKE ELOISE LANE, SE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/20/04-80086-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Thomas E. Jennings 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-04 863-294-3568
Date Daytime Phone #