


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

| | | |
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| 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 | |



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

| | |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent JENNINGS, THOMAS E TWO E LAKE HOWARD DR WINTER HAVEN, FL 33881-0153 | 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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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 | |

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01/28/05-80018-008 61.25

DO NOT WRITE IN THIS SPACE

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: Thomas E. Jennings  **01-25-05** **863-294-3568**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #