

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 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**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1830075

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

100000389926
01/23/06-80004-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Thomas E. Jennings

01-13-06

863-294-3568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #