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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747300**

1. Corporation Name
WELCH'S SUBDIVISION CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11292 SW WELCH AVENUE % BILLWINNEWISSER. PRES ARCADIA FL 33821 US	11292 SW WELCH AVENUE % BILL WINNEWISSER. PRES. ARCADIA FL 33821 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
05/22/1979

4. FEI Number
59-2938103
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

WINNEWISSER, BILL
11292 SW WELCH AVE
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Bill Winnewisser BILL WINNEWISSER 1-3-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WINNEWISSER, BILL		1.2 NAME	
STREET ADDRESS	11327 SW WELCH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLARD, EARL		2.2 NAME	
STREET ADDRESS	11269 SW WELCH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL		2. 4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ATKINS, JOAN C		3.2 NAME	
STREET ADDRESS	11232 SW WELCH AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HAMLIN, JERDON		4. 2 NAME	
STREET ADDRESS	11209 SW WELCH AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FECKE, FRANK		5.2 NAME	
STREET ADDRESS	11187 SW CRENSHAW AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	REGINER, PAUL		6.2 NAME	
STREET ADDRESS	11308 SW WELCH AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA, FL 00000		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Winnewisser SIGNATURE REQUIRED BILL WINNEWISSER 1-3-99 941-993-4821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #