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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 758688

1. Corporation Name
WINTERBOURNE PROPERTY OWNER ASSOCIATION, INC.

* 5 4 3 3 6 6 *
543366 - 90001 - 34

Principal Place of Business	Mailing Address
2115 WINTERBOURNE W. ORANGE PARK FL 32073	2115 WINTERBOURNE W. ORANGE PARK FL 32073

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/09/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2182220 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CERTAIN, MYRA L.
2115 WINTERBOURNE W
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name: Kenneth W Bendy
82 Street Address (P.O. Box Number is Not Acceptable): 2115 Winterbourne W
83: Orange Park Fl 32073
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: Kenneth W Bendy Kenneth W Bendy X DATE: 4/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHAVEZ, PAT NORRIS		1.2 NAME		
STREET ADDRESS	2115 WINTER BOURNE W		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CERTAIN, MYRA		2.2 NAME		
STREET ADDRESS	2115 WINTERBOURNE W		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	SD	☒ Change ☒ Addition
NAME	MANNING, EDITH		3.2 NAME	Arthur Hall	
STREET ADDRESS	2115 WINTER BOURNE W		3.3 STREET ADDRESS	2115 Winterbourne W	
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP	O P	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SLADE, SUZETTE		4.2 NAME		
STREET ADDRESS	2115 WINTER BOURNE W		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST-ZIP		
TITLE	P D	☒ DELETE	5.1 TITLE	P/D	☒ Change ☐ Addition
NAME	FRITH, JEANNE		5.2 NAME	Kenneth W Bendy	
STREET ADDRESS	2115 WINTER BOURNE W		5.3 STREET ADDRESS	2115 Winterbourne W	
CITY-ST-ZIP	ORANGE PARK FL		5.4 CITY-ST-ZIP	Orange Park Fl 32073	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

#1 #2 #3 #4

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: SIGNATURE REQUIRED Date may 1 9 April 1999 904-278-2926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)