2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 758688



FILED
Apr 29, 2003 8:00 am §
Secretary of State

WINTERB		PROPERTY OWNER	ASSOCIATION, IN	C.			,	J4-29-2003 9005	52 028 ****6	1.25		
2115 WINTERBOURNE W. 21				Mailing Address 2115 WINTERBOURNE W. DRANGE PARK FL 32073								
2. Principal F	Place of Busin	3. Mailing Address	Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City & State	City & State			4. FEI Number 59-2182220			oplied For Not Applicable	}	
Zip	Zip Country		Zip	Zip Cou		5. Certificate of S		Status Desired S8.75 Fee Re		Additional quired		
6. Name and Address of Current Registered Agent							7. Name and Add	ress of New Registe	red Agent]	
						Name DANES						
FOX, PAUL 2115 WINTERBOURNE W ORANGE PARK FL 32073					Street Address (P.O. Box Nymber is Not Acceptable)							
					City	0 0 1	110 - 110		FL Zip Co	de		
-		y supmits this statement fo			L	<u> ZRA</u>	NGE JA	<u>ek</u>	32	2.70	_	
the obligat	tions of regist	ered agent.	r the purpose of changing		ea onice a	registere	a agent, or both, in			, and accept		
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE: Registere	d Agent signat	ure required v	when reinstating)	4-1	7-03 ATE			
	Campaign F nd Contribut	•		\$5.00 May Be Added to Fees		heck Payable epartment of						
10.		OFFICERS AND DII	RECTORS	11.		Α	DDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS I	N 10	1	
TITLE	0	 ;	Delete	TITLE	€ 5 D					Addition	3	
NAME		, robert		NAM	E	יווע	15 WW	CODIER ERBOURNE	€, W		10/05	
STREET ADDRESS			•		ET ADDRESS						3	
CITY-ST-ZIP		PARK FL 32073		CITY	-ST-ZIP	ORA	ANGE PH	RK,FL 3.	2073		֝֝֝֝׆֟֡֡֡֡	
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CITY-ST-ZIP		PARK FL 32073		CITY	-ST-ZIP	OR	ANGERA	RROURNE			1	
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STREET ADDRESS CITY-ST-ZIP		TER BOURNE W PARK FL 32073			ET ADDRESS -ST-ZIP	<i>ا</i> ح	00000	PARK, FU	•		-	
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NAME	FOX, PAU	L .	≥ Delete	TITLE					☐ Change	☐ Addition		
STREET ADDRESS		TERBOURNE LN			ET ADDRESS						-	
CITY-ST-ZIP		PARK FL 32073			-ST-ZIP							
TITLE			☐ Delete	TITLE		-			☐ Change	☐ Addition		
NAME		,		NAM	E						1	

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 apport is true and adjurate and that the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(904) 215-2922 4-27-03