

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90008 027 ****61.25

DOCUMENT # 760162

1. Entity Name
THE WIN-QUIST TOWNHOUSES ASSOCIATION, INC.



Principal Place of Business
**3335 PURPLE MARTIN DR
PUNTA GORDA, FL 33950**

Mailing Address
**100 SULLIVAN ST.
112
PORT CHARLOTTE, FL 33952**



03182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2246102

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENE, JOAN F
100 SULLIVAN ST.
STE. 112
PUNTA GORDA, FL 33950**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	TOPPING, SHARON
STREET ADDRESS	3335 PURPLE MARTIN DR. #6
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	TD
NAME	FISCHER, DEE
STREET ADDRESS	14737 BRADDOCK OAKS DR.
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	PD
NAME	BENTLEY, DONALD
STREET ADDRESS	3335 PURPLE MARTIN DR. #1
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sharon L. Topping 03/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #