


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

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90018 030 ****61.25

DOCUMENT # 816493	
1. Entity Name WINTER COLONY INC	

Principal Place of Business 4300 EL MAR DRIVE APT. #1 LAUDERDALE BY THE SEA, FL 33308	Mailing Address 4300 EL MAR DRIVE APT. #1 LAUDERDALE BY THE SEA, FL 33308
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0808224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOMESTON, SUSAN 4300 EL MAR DR #1 LAUDERDALE BY SEA FT. LAUDERDALE, FL 33308
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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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'DELL ALLEN PICKARD, MARK 4300 EL MAR DRIVE LAUDERDALE BY THE SEA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'DELL ALLEN BACALIS GEORGE 4300 EL MAR DR LAUDERDALE BY SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICKARD ALLEN ROBERTS, JOE 4300 EL MAR DR LAUDERDALE BY SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOMESTON SUSAN PETTY, HOLMES 4300 EL MAR DR LAUDERDALE BY SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS JOE DANKES, LARRY 4300 EL MAR DR LAUDERDALE BY SEA, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-15-2007 95441-5261 <small>Date Daytime Phone #</small>
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