

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90037 046 \*\*\*155.00

**DOCUMENT # M73115**

1. Entity Name  
**WINTERHAVEN COURT, INC.**



Principal Place of Business

Mailing Address

**735 2ND ST.  
MIAMI BCH, FL 33139**

**735 2ND ST.  
MIAMI BCH, FL 33139**

40001000



**DO NOT WRITE IN THIS SPACE**

01062008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**58-1792910**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRIGHAM, ERIKA  
735 2ND ST.  
MIAMI BCH, FL 33139**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRIGHAM, ERIKA
STREET ADDRESS	735 2ND ST.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S
NAME	BRIGHAM, HILLARY
STREET ADDRESS	252 WAKULLA SPRINGS
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 607, 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:**

*Erika Brigham*

**ERIKA BRIGHAM**

**1/7/08**

**305 531 6363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #