

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90317 027 ****61.25

DOCUMENT # N00000002811

1. Entity Name

WINCHESTER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

7865 SOUTHSIDE BLVD.
 JACKSONVILLE FL 32256

Mailing Address

7865 SOUTHSIDE BLVD.
 JACKSONVILLE FL 32256

720014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3643887

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERFIELD, GARY D
7865 SOUTHSIDE BLVD.
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
DP BREEDING, HELEN
 STREET ADDRESS **7865 SOUTHSIDE BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
DV ATKERMAN, CHARLES F JR
 STREET ADDRESS **9471 BAYMEADOWS RD., STE. 403**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE NAME Change Addition
AtKerson, Charles F. Jr.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
DST SILVERFIELD, GARY D
 STREET ADDRESS **7865 SOUTHSIDE BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
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TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 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: **HELEN BREEDING**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01 **9046421720**
 Date Daytime Phone #

CR2E037 (10/00)