

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002811

1. Entity Name

WINCHESTER HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90195 037 \*\*\*\*61.25

Principal Place of Business

7865 SOUTHSIDE BLVD.  
JACKSONVILLE FL 32256

Mailing Address

7865 SOUTHSIDE BLVD.  
JACKSONVILLE FL 32256

2. Principal Place of Business

Suite, Apt. #, Etc. **4141 Southpoint Dr. E  
Ste B**

City & State **Jacksonville, FL 32216**

Zip

Country

3. Mailing Address

Suite, Apt. #, Etc. **4141 Southpoint Dr. E  
Ste B**

City & State **Jacksonville, FL 32216**

Zip

Country

FEI Number

**59-3643887**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SILVERFIELD, GARY D  
7865 SOUTHSIDE BLVD.  
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

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

**4141 Southpoint Dr. E  
Ste B**

City

**Jacksonville, FL 32216**

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **4141 Southpoint Dr. E** ☒ Change ☐ Addition  
NAME **Ste B**  
STREET ADDRESS  
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **4141 Southpoint Dr. E** ☒ Change ☐ Addition  
NAME **Ste B**  
STREET ADDRESS  
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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*  
**SILVERFIELD**

**1/17/02**

**(904) 332-7099**

CR2E037 (9/01)