2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N00000006853

FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90206 019 ****61.25

	e ND SQUARE OF WINTER ITION, INC.	SET HOME	EOWNERS'						
6380 CYPRESS GARDENS BLVD. 638		6380 CY	ailing Address 380 Cypress Gardens BLVD. INTER HAVEN, FL 33884		60030808				
2. Principat P	lace of Business	3. Mailing	Address						
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.		04242006 Ch	rg-NP	CR2E037 (11/05)		
City & State		City &	City & State		4. FEI Number 59-367885	0		oplied For ot Applicable	
Zip	Country	Zip 		Country	5. Certificate of Sta		See Require	ditional d	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
CAMERON, ROBERT E JR. 6356 CYPRESS GARDENS BLVD.					Street Address (P.O. Box Number is Not Acceptable)				
WINTER HAVEN, FL 33884									
				City	City FL Zip Code				
	named entity submits this statement itoms of registered agent.	for the purpose	of changing its r	egistered office or reg	istered agent, or both, in	the State of Fig	orida. I am familiar with	and accept	
SIGNATURE	Signature, typed or printed name of registered age	int and little if applicab	le. (NOTE:	Registered Agent signature rec	quired when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State			
10.	OFFICERS AND D	DIRECTORS		11.	ADDITIONS/CHANGI	ES TO OFFICE	RS AND DIRECTORS II	J 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, ROBERT E JR. 6378 CYPRESS GARDENS BL WINTER HAVEN, FL 33884	.VD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, CATHY 6378 CYPRESS GARDENS BL -WINTER HAVEN, FL '33884	.VD	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
TITLE	LAANUI ELK LIMVENI, LE 2000-A	-		CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	D BUCKNER, WAYNE E 6380 CYPRESS GARDENS BL	.VD.	∑ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
STREET ADDRESS	D BUCKNER, WAYNE E	.VD.	Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BUCKNER, WAYNE E 6380 CYPRESS GARDENS BL	VD.		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 manny 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 access that my name access the empowered.

SIGNATURE:

SIGNATURE: