2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2008
Secretary of State

DOCUMENT# N01000005826

Entity Name: WINFIELD HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO 2649
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

PO 2649
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 59-3759569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHASSE, TROY D
PO 2649
355 ASHLEY LOOP
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: CHASSE, TROY D
Address: 355 ASHLEY LOOP
City-St-Zip: DAVENPORT, FL 33837

Title: VP ( ) Delete
Name: BEAVERS, ROY A
Address: 345 ASHLEY LOOP
City-St-Zip: DAVENPORT, FL 33837

Title: TREA ( ) Delete
Name: BOYER, DENNIS
Address: 132 ASHLEY LOOP
City-St-Zip: DAVENPORT, FL 33837

Title: SEC ( ) Delete
Name: BEAVERS, ANGELA L
Address: 345 ASHLEY LOOP
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS BOYER TREA 08/19/2008
Electronic Signature of Signing Officer or Director — Date