

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007015

FILED  
Apr 16, 2004  
Secretary of State

**Entity Name:** WYNDSOR AT LAKE WINTERSET HOMEOWNERS ASSOCIATION (BLOCK A), INC.

**Current Principal Place of Business:**

549 POPE AVENUE NW  
WINTER HAVEN, FL 33881 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 7530  
WINTER HAVEN, FL 338837530 US

**New Mailing Address:**

**FEI Number:** 01-0595236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHREIBER, MARK E  
549 POPE AVENUE NW  
WINTER HAVEN, FL 33881 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: D ( ) Delete  
Name: SCHREIBER, MARK E  
Address: P.O. BOX 7530  
City-St-Zip: WINTER HAVEN, FL 338317530 US

Title: D ( ) Delete  
Name: OWENS, DAVID S  
Address: P.O. BOX 7530  
City-St-Zip: WINTER HAVEN, FL 338317530 US

Title: D ( ) Delete  
Name: SCHREIBER, KAREN K  
Address: P.O. BOX 7530  
City-St-Zip: WINTER HAVEN, FL 338317530 US

Title: P ( ) Delete  
Name: SCHREIBER, MARK E  
Address: P.O. BOX 7530  
City-St-Zip: WINTER HAVEN, FL 338317530 US

Title: V ( ) Delete  
Name: OWENS, DAVID S  
Address: P.O. BOX 7530  
City-St-Zip: WINTER HAVEN, FL 338317530 US

Title: T ( ) Delete  
Name: SCHREIBER, MARK E  
Address: P.O. BOX 7530  
City-St-Zip: WINTER HAVEN, FL 338317530 US

**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:

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 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 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: MARK E. SCHREIBER

D

04/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date