2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007015

FILED Apr 25, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

549 POPE AVENUE NW POST OFFICE BOX 1341

WINTER HAVEN, FL 33881 US BLOCK A

WINTER HAVEN, FL 33882 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 7530 POST OFFICE BOX 1341

WINTER HAVEN, FL 338837530 US BLOCK A

WINTER HAVEN, FL 33882 US

FEI Number: 01-0595236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHREIBER, MARK E MUELLER, STEPHEN 549 POPE AVENUE NW PO BOX 1341

WINTER HAVEN, FL 33881 US BLOCK A

WINTER HAVEN, FL 33882 US

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: STEPHEN MUELLER 04/25/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: MR (X) Change () Addition

 Name:
 SCHREIBER, MARK E
 Name:
 JOHANSSON, ERIK

 Address:
 P.O. BOX 7530
 Address:
 PO BOX 1314, BLOCK A

 City-St-Zip:
 WINTER HAVEN, FL 338317530 US
 City-St-Zip:
 WINTER HAVEN, FL 33882 US

Title: D () Delete Title: MRS (X) Change () Addition

 Name:
 OWENS, DAVID S
 Name:
 JONES, ANDREA

 Address:
 P.O. BOX 7530
 Address:
 PO BOX 1341, BLOCK A

 City-St-Zip:
 WINTER HAVEN, FL 338317530 US
 City-St-Zip:
 WINTER HAVEN, FL 33882 US

Title: D (X) Delete Title: () Change () Addition Name: SCHREIBER, KAREN K Name:

 Address:
 P.O. BOX 7530
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 338317530 US
 City-St-Zip:

Title: P (X) Delete Title: () Change () Addition

 Name:
 SCHREIBER, MARK E
 Name:

 Address:
 P.O. BOX 7530
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 338317530 US
 City-St-Zip:

 $\label{eq:time_time_time_time} {\sf Title:} \qquad {\sf V} \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 OWENS, DAVID S
 Name:

 Address:
 P.O. BOX 7530
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 338317530 US
 City-St-Zip:

Title: T (X) Delete Title: () Change () Addition

 Name:
 SCHREIBER, MARK E
 Name:

 Address:
 P.O. BOX 7530
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 338317530 US
 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: STEPHEN MUELLER MR 04/25/2005

Electronic Signature of Signing Officer or Director

Date