

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N01061 1. Entity Name WINTERHAVEN CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 1616 SOUTH FEDERAL HIGHWAY LAKE WORTH, FL 33460	Mailing Address 1616 SOUTH FEDERAL HIGHWAY LAKE WORTH, FL 33460
---	---

DO NOT WRITE IN THIS SPACE



02052004 No Chg-NP CR2E037 (10/03)

4. FCI Number 65-0090085	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARKE, JOHN E.
508 LUCERNE AVENUE
LAKE WORTH, FL

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

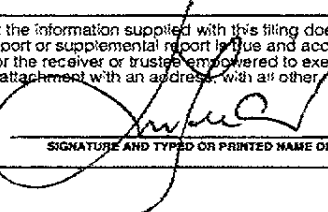
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000105736 04/07/04-80037-015 61.25
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD JUDEN, LEO 1616 S FEDERAL HWY 33 LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD ERKKILA, KALEVI 1616 S FEDERAL HWY #4 LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD COTTON, KIRSTI 1616 S FEDERAL HWY #2 LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, as empowered.

SIGNATURE:  **3-29-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo Phone #