2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 11, 2005 08:00 AM DOCUMENT # NO1061 **Secretary of State** 1. Entity Name WINTERHAVEN CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1616 SOUTH FEDERAL HIGHWAY 1616 SOUTH FEDERAL HIGHWAY LAKE WORTH FL 33460 LAKE WORTH FL. 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State 4. FEI Number Applied For City & State 65-0090085 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKE, JOHN E. Street Address (P.O. Box Number is Not Acceptable) **508 LUĆERNE AVENUE** LAKE WORTH FL City Zip Code FL 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 _ Signature, typed or offinted name of registered agent and title if applicable (NOTE: Registered Agent sugreture required when reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5,00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PĎ Change TITLE 🔲 Delete Addition Ti Ti F 1100000365095 JUDEN, LEO NAME NAME 05/11/05-80030-008 61.25 1616 S FEDERAL HWY 33 STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-\$1-7IP CITY-ST-ZIP VD ☐ Addition TITLE ☐ Delete TITLE Change ERKKILA, KALEVI NAME NAME 1616 S FEDERAL HWY #4 STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CHY-SI-78 STD MEE Delete TITLE ☐ Change Addition COTTON, KIRSTI NAME MAME STREET AUDHESS 1616 S FEDERAL HWY #2 STREET AUDRESS LAKE WORTH FL CITY-ST-ZIP City-St-ZIP TITLE Delele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP TITLE THE T Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-S1-ZIF TITLE ☐ Delete TOLE ☐ Change Additio NAME NAME STREET ADDRESS STREET ADDRESS

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28 TH 05 761-762-00

Date

Date

Date

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Date

Disputing Profile 4

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 frue 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with any address, with all other like empowered

CITY-ST-ZIP

SIGNATURE