2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 21, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N01061 04-21-2006 90114 015 ****61.25 WINTERHAVEN CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 1616 SOUTH FEDERAL HIGHWAY 1616 SOUTH FEDERAL HIGHWAY 50014362 LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Numb Applied For 65-0090085 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARKE, JOHN E. Street Address (P.O. Box Number is Not Acceptable) **508 LUCERNE AVENUE** LAKE WORTH, FL City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE ☐ Change Addition JUDEN, LEO NAME NAME STREET ADDRESS 1616 S FEDERAL HWY 33 STREET ADDRESS LAKE WORTH, FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME ERKKILA, KALEVI NAME STREET ADDRESS 1616 S FEDERAL HWY #4 STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL CITY-ST-ZIP Change TITLE ŞTD P Delete MILE Addition HAANPAA, KIMMO COTTON, KIRSTI NAME 1616 S.FEDERAL HWY #2 1616 S FEDERAL HWY # 5 STREET ADDRESS STREET ADDRESS LAKE WORTH, FL CUTY-ST-ZIP LAKE WORTH, FL ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change III) F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE

April 17,06 561-762-0061