
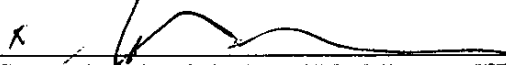


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90171 032 ****61.25

DOCUMENT # N03000000601 1. Entity Name WINSTON MANOR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 129 WINSTON MANOR CIR SEFFNER, FL 33584			Mailing Address 129 WINSTON MANOR CIR SEFFNER, FL 33584		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 6408			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072007 Chg-NP CR2E037 (12/06)	
City & State		City & State SEFFNER FL		4. FEI Number 58-2683429	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33583		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent TURLEY, KELLY 150 WINSTON MANOR CIR SEFFNER, FL 33584				7. Name and Address of New Registered Agent Name JAMESON, SCOTT Street Address (P.O. Box Number is Not Acceptable) 137 WINSTON MANOR CIR City SEFFNER FL Zip Code 33584	
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 <i>K</i>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/10/2007	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURLEY, KELLY 150 WINSTON MANOR CIR SEFFNER, FL 33584	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURLEY, KELLY 150 WINSTON MANOR CIRCLE SEFFNER FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCOTT, JAMES 137 WINSTON MANOR CIR SEFFNER, FL 33584	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMESON, SCOTT 137 WINSTON MANOR CIRCLE SEFFNER FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAISCHER, JAMES 154 WINSTON MANOR CIR SEFFNER, FL 33584	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORRIS, GARY 172 WINSTON MANOR CIRCLE SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORD, ANNA 129 WINSTON MANOR CIR SEFFNER, FL 33584	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMANN, MATHEW 135 WINSTON MANOR CIR SEFFNER, FL 33584	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, JOSEPH 138 WINSTON MANOR CIRCLE SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing 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: <i>Anna M. Ford</i> ANNA M. FORD 4/10/07 (813) 760-4744 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					