

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # N05000000483

1. Entity Name
**WINTER'S LANDING HOMEOWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**232 S DILLARD STREET
WINTER GARDEN, FL 32787**

Mailing Address
**PO BOX 194
PLYMOUTH, FL 32768**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
51-0533450

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PRATT, JAMES R
369 N NEW YORK AVE
WINTER PARK, FL 32789**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLSTON, ROBERT W
232 S DILLARD STREET
WINTER GARDEN, FL 32787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JUNE, ROHLAND W JR
232 S DILLARD STREET
WINTER GARDEN, FL 32787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SEDLOFF, JEFFREY A
232 S DILLARD STREET
WINTER GARDEN, FL 32787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
HOLSTON, ROBERT W JR
232 S DILLARD STREET
WINTER GARDEN, FL 32787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLES, BONNIE E
PO BOX 194
PLYMOUTH, FL 32768**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000585346
01/16/07-80010-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #