2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N05000002794

Entity Name: WINTER HAVEN HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

551 LAKE MARTHA DR
WINTER HAVEN, FL 338814270

New Principal Place of Business:

Current Mailing Address:

551 LAKE MARTHA DR
WINTER HAVEN, FL 338814270

New Mailing Address:

FEI Number: 34-2052770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARD, DAVID
551 LAKE MARTHA DR
WINTER HAVEN, FL 338814270 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GOLDEN, JANET	
Address:	P.O. BOX 412	
City-St-Zip:	WINTER HAVEN, FL 448820412	
Title:	V	( ) Delete
Name:	DULL, TESS	
Address:	819 LAKE ELBERT PK, NE	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	S	( ) Delete
Name:	WELSER, TRACIE	
Address:	450 AVENUE C NE	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	T	( ) Delete
Name:	ARD, DAVID	
Address:	551 LAKE MARTHA DR	
City-St-Zip:	WINTER HAVEN, FL 338814270	
Title:	D	( ) Delete
Name:	BURROWES, GREG	
Address:	437 AVENUE C NE	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	D	( ) Delete
Name:	DOLES, EMMALINE	
Address:	620 AVENUE A NE	
City-St-Zip:	WINTER HAVEN, FL 33881	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ARD TREA 04/30/2006

Electronic Signature of Signing Officer or Director — Date