

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002794

FILED
Aug 01, 2008
Secretary of State

Entity Name: WINTER HAVEN HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

302 AVE A NE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

302 AVE A NE
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 34-2052770 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KUEHL, DAVID J
302 AVE A NE
WINTER HAVEN, FL 33881 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: JOHNSON, BERNICE
Address: 439 AVE C NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: V () Delete
Name: CADI, KERI
Address: 509 AVE A NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: BURROWES, GREG
Address: 473 AVENUE C NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: T () Delete
Name: KUEHL, DAVID J
Address: 302 AVE A NE
City-St-Zip: WINTER HAVEN, FL 33881

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: P (X) Change () Addition
Name: BURROWS, GREG
Address: 437 AVE C NE
City-St-Zip: WINTER HAVEN, FL 33881

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 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 J KUEHL

T

08/01/2008

Electronic Signature of Signing Officer or Director

Date