

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010594

FILED  
Jun 18, 2008  
Secretary of State

**Entity Name:** WINCHESTER CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

33 HIGHLAND AVE  
MONMOUTH BEACH, NJ 07750

**New Principal Place of Business:**

**Current Mailing Address:**

33 HIGHLAND AVE  
MONMOUTH BEACH, NJ 07750

**New Mailing Address:**

**FEI Number:** 20-4073440      **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:**

**Name and Address of New Registered Agent:**

MAC MAHON, DERMOT P  
1860 FOREST HILL BLVD  
STE 105  
W PALM BEACH, FL 33406 US

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: PTD ( ) Delete  
Name: EFFMAN, BERNARD  
Address: 33 HIGHLAND AVE  
City-St-Zip: MONMOUTH BEACH, NJ 07750

Title: VPD ( ) Delete  
Name: EFFMAN, MERYL  
Address: 33 HIGHLAND AVE  
City-St-Zip: MONMOUTH BEACH, NJ 07750

Title: SD ( ) Delete  
Name: EFFMAN, SHARI  
Address: 33 HIGHLAND AVE  
City-St-Zip: MONMOUTH BEACH, NJ 07750

**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:

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: DERMOT P MAC MAHON

RA

06/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date