

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90041 023 ****61.25

DOCUMENT # N05000011415

1. Entity Name
**WINTHROP VILLAGE PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**MILLENNIUM CENTER
1206 MILLENNIUM PARKWAY, SUITE 2000
BRANDON, FL 33511**

Mailing Address
**MILLENNIUM CENTER P.O. Box 2638
1206 MILLENNIUM PARKWAY, SUITE 2000
BRANDON, FL 33511 33509-2638**



01042008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-4758481

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KUSSNER, STEPHEN L
GRAY ROBBISON, P.A.
201 N. FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602**

**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, 2008**

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
**DP
SULLIVAN, JOHN E
1206 MILLENNIUM PARKWAY, SUITE 2000
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SULLIVAN, KATHERINE B
1206 MILLENNIUM PARKWAY, SUITE 2000
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
SULLIVAN, WILLIAM C
1206 MILLENNIUM PARKWAY, SUITE 2000
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

JOHN E. SULLIVAN

Date

4/3/08

Daytime Phone #

813-681-3480