

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

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000011885

1. Entity Name
**WINCHESTER ESTATES HOMEOWNERS ASSOCIATION
OF POLK COUNTY, INC.**



Principal Place of Business

**3020 S. FLORIDA AVE., SUITE 101
LAKELAND, FL 33803**

Mailing Address

**3020 S. FLORIDA AVE., SUITE 101
LAKELAND, FL 33803**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4741786

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, ROBERT J
3020 S. FLORIDA AVE., SUITE 101
LAKELAND, FL 33803**

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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	DP
NAME	ADAMS, D. JOEL
STREET ADDRESS	3020 S. FLORIDA AVE., SUITE 101
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	DV
NAME	ADAMS, ROBERT J
STREET ADDRESS	3020 S. FLORIDA AVE., SUITE 101
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	DST
NAME	LINDSEY, III, GEORGE M
STREET ADDRESS	3020 S. FLORIDA AVE., SUITE 101
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000800358
01/31/08-80014-008 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 TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #