## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000000920

FILED Apr 28, 2009 Secretary of State

Entity Name: WINTER HAVEN HOUSING DEVELOPERS, INC.

Current Principal Place of Business:				New Principal Place of Business:		
2670 AVENUE C SW WINTER HAVEN, FL 33880						
Current Mailing Address:				New Mailing Address:		
2670 AVENUE C SW WINTER HAVEN, FL 33880						
FEI Number: 2	20-8089378	FEI Number Applied For()	FEI Nun	nber Not Applicable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ANDREW M. REED, P.L. 422 S. FLORIDA AVE. C LAKELAND, FL 33801 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: ANDREW M. REED 04/28/2009						
Electronic Signature of Registered Agent					Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( BURNHAM, PE 2670 AVENUE WINTER HAVE	C SW		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( HOGAN, JAME 2670 AVENUE WINTER HAVE	C SW		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( THOME, MURI 2670 AVENUE WINTER HAVE	C SW		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( HUDSON, JIMM 2670 AVENUE WINTER HAVE	C SW		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( HUDSON, JUD 2670 AVENUE WINTER HAVE	C SW		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	

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: MURIEL THOME D 04/28/2009