## N0900008893

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(1441033)			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)			
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL			
(Document Number)  Certified Copies Certificates of Status				
(Document Number)  Certified Copies Certificates of Status				
Certified Copies Certificates of Status	(Business Entity Name)			
Certified Copies Certificates of Status	:			
	(Document Number)			
	·			
	Certified Copies Certificates of Status			
Special Instructions to Filing Officer:				
Special Instructions to Filing Officer:				
	Special Instructions to Filing Officer:			

Office Use Only



200160448182

09/10/09--01017--015 \*\*87.50

09 SEP 10 PM 12: 56

## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: WINTER HAVEN COURT HOMEOWNERS ASSOCIATION INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original ar	nd one(1) copy of the Art	icles of Incorporation and a	a check for :	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	

FROM: MARCELINO REYES

Name (Printed or typed)

10 WINTER HAVEN CT.

Address

PALM COAST FL 32164

City, State & Zip

386-313-6874

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME  The name of the corporation shall be:		· į
WINTER HAVEN COURT	HOMEOWNERS ASSOC	NATION INC.
The principal street address and mailing lo winter haven palm coast fl 3.  ARTICLE III PURPOSE The purpose for which the corporation—To MAINTAIN CERTAIN—TO PROVIDE ADMINISTRATE OF THE ASSET OF THE ASS	ICE  Ig address, if different is:  COURT  2164  In is organized is:  IN NEIGHBORHOOD STAND  RATION, MANAGEMENT AT  SOCUATION  EUT FEET AND ASSESSMENT  ECTION COMMON PROPERT	ARD BYMEAUS OF REGULATION ID CONTROL OF THE COMMON IT AS REQUIRED TO MAINTAIN IN AND CONDUCT THE BUSINESS IN ASSOCIATION
ARTICLE V INITIAL DIRECT List name(s), address(es) and specific  MARCELINO REYES IO WINTER HAVEN CT. FALM COAST FL 32164  ** DIRECTOR**		-RENATO FONSECA 3 WINTER HAVEN CT PALM GAST FL 32164 "DIRECTOR."
	TERED AGENT AND STREET AL	
MARCELINO REYES 10 WINTER HAVEN PALM COAST FL 32 ARTICLE VII INCORPORATO The name and address of the Incorporate MARCELINO REYES 10 WINTER HAVEN PALM COAST FL ************************************	2164  OR  orator is:  CT.  32164  ***********************************	09 SEP 10 PH 12: 56 ************************************
Having been named as registered agent to a in this certificate, I am familiar with and ac		
Morala Regs		SAT. 9, 2009
Signature/Registered Agent		Date
Moralin Raes		SEPT. 9, 2009

Signature/Incorporator

Date