FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09291 (8)

1. Corporation Name

WINTERSET ASSOCIATION NUMBER ONE, INC.

Principal Place of Business: 6400 CYPRESS GARDENS BLVD, WINTER HAVEN FL 33884

Mailing Address: 6400 CYPRESS GARDENS BLVD., WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2585004 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRUBAKER, JOHN
132 LAKE OTIS ROAD SE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	PRICE, GARY	1.2 NAME	
STREET ADDRESS	1326 N. LAKE OTIS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	D ☒ Change ☐ Addition
NAME	BRUBAKER, JOHN	2.2 NAME	
STREET ADDRESS	132 LAKE OTIS ROAD SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CONVERSE, GWEN	3.2 NAME	
STREET ADDRESS	1250 LAKE HAMILTON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BARRANCO, JOY	4.2 NAME	
STREET ADDRESS	160 LK HOWARD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	STD ☒ Change ☐ Addition
NAME	SMITH, SCOTT	5.2 NAME	
STREET ADDRESS	408 LAUREL COVE WAY SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ISOLA, CAMILLE	6.2 NAME	
STREET ADDRESS	306 LAUREL COVE WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN,F L	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Scott B. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066815