05031999-90013-044-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 21 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09291

1. Corporation Name
WINTERSET ASSOCIATION NUMBER ONE, INC.

Principal Place of Business	Mailing Address
6400 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884	6400 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884

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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/14/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2585004 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BRUBAKER, JOHN
1122 SHORE LIE LANE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D ISOLA	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOLA, CAMILLE		1.2 NAME		
STREET ADDRESS	308 LAUREL COVE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRUBAKER, JOHN		2.2 NAME		
STREET ADDRESS	1122 SHORELINE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, ROGER		4.2 NAME		
STREET ADDRESS	109 LAUREL COVE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ 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		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	P	☐ Change ☑ Addition
NAME	[illegible]		6.2 NAME	R. GARY PRICE	
STREET ADDRESS	[illegible]		6.3 STREET ADDRESS	1326 N LK Otis Dr	
CITY-ST-ZIP	[illegible]		6.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880	

CR2E037 (11/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED X R. Gary Price 4/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # KE