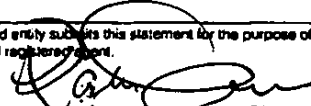
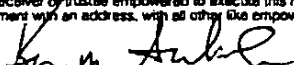


FILED
Jul 07, 2006 8:00 am
Secretary of State

05-01-2006 90405 045 ****61.25

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N09291			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03172008 Chg-NP		CR2E037 (11/05)	
4. FEI Number 59-2585004		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUCHNER, WAYNE E 6380 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884		Name Robert E. Cameron Jr. Street Address (P.O. Box Number is Not Acceptable) 6356 Cypress Gardens Blvd City Winter Haven FL Zip Code 33884	
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 		DATE 6/30/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAULERSON, CYNTHIA 507 SWEET BAY CIRCLE WINTER HAVEN, FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kevin Sandridge 410 Laurel Cove Way Winter Haven FL 33884 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSACE, ELIZABETH 603 SWEET BAY CIRCLE WINTER HAVEN, FL 33884 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICE, SHARON 409 LAUREL COVE WAY WINTER HAVEN, FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, MIA 401 LAUREL COVE WAY WINTER HAVEN, FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIPES, DARRELL 504 SWEET BAY CIRCLE WINTER HAVEN, FL 33884 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DATE 6/15/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	