

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90055 015 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMERON, ROBERT E 6356 CYPRESS GDNS BLVD WINTER HAVEN, FL 33884				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <u>Robert E. Cameron, Jr.</u>				DATE <u>4-17-07</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	RAULERSON, CYNTHIA		NAME	Cynthia Raulerson	
STREET ADDRESS	507 SWEET BAY CIRCLE		STREET ADDRESS	507 Sweet Bay Circle	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	DP	☒ Delete	TITLE	VPT	☐ Change ☒ Addition
NAME	RICE, SHARON		NAME	Len Deutsch	
STREET ADDRESS	409 LAUREL COVE WAY		STREET ADDRESS	607 Sweet Bay Circle	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	D	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	SULLIVAN, MIA		NAME	Glenda Johns	
STREET ADDRESS	401 LAURAL COVE WAY		STREET ADDRESS	416 Laurel Cove Way	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SANDRIDGE, KEVIN		NAME		
STREET ADDRESS	410 LAUREL COVE WAY		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Leonard A Deutsch</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>LEONARD A DEUTSCH</u>		
			Date <u>04/20/07</u> Daytime Phone # <u>863-324 7767</u>		

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04172007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2585004** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**