NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90150 037 ****61.25

DOCUMENT # N09292

1. Entity Name
WINTERSET MASTER ASSOCIATION, INC.

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2. Principal Place of Business	3. Mailing Address
6400 Cypress Gardens Blvd	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State
Zip: 33884 Country: USA	Zip Country

4. FEI Number: 59-2585009 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ernie Caldwell

Street Address (P.O. Box Number is Not Acceptable): 400 Eagle Lake Loop Road

City: Winter Haven FL Zip Code: 33880

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.

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

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	D
NAME	Caldwell, Ernie
STREET ADDRESS	400 Eagle Lake Loop Road
CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	D
NAME	Berry, Jack M. Jr.
STREET ADDRESS	400 Eagle Lake Loop Road
CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	D
NAME	Heath, Rennie
STREET ADDRESS	400 Eagle Lake Loop Road
CITY-ST-ZIP	Winter Haven, FL 33880
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CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ernest W. Caldwell 12-Apr-02 863-325-8834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #