

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90242 022 ****61.25

DOCUMENT # N09292

1. Entity Name
WINTERSET MASTER ASSOCIATION, INC.



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

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

54030303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2585009

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

**CALDWELL, ERNIE
400 EAGLE LAKE LOOP RD
WINTER HAVEN, FL 33880**

Name

Street Address (P.O. Box Number is Not Acceptable)

2520 Sand Mine Road

City

Davenport

FL

Zip Code

33897

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
NAME **CALDWELL, ERNIE**
STREET ADDRESS **400 EAGLE LAKE LOOP RD**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **DP** ☒ Change ☐ Addition
NAME **Caldwell, Ernie**
STREET ADDRESS **2520 Sand Mine Road**
CITY-ST-ZIP **Davenport, FL 33897**

TITLE **DS** ☒ Delete
NAME **BERRY, JACK M., JR.**
STREET ADDRESS **400 EAGLE LAKE LOOP RD**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **DS** ☒ Change ☐ Addition
NAME **Berry, Jack H., Jr.**
STREET ADDRESS **2520 Sand Mine Road**
CITY-ST-ZIP **Davenport, FL 33897**

TITLE **DP** ☒ Delete
NAME **HEATH, RENNIE**
STREET ADDRESS **400 EAGLE LAKE LOOP RD**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **D** ☐ Change ☒ Addition
NAME **Morris, Katharine B.**
STREET ADDRESS **2520 Sand Mine Road**
CITY-ST-ZIP **Davenport, FL 33897**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-04 863-420-6699