2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



02-25-2008 90065 030 ****61 25 DOCUMENT # N09292 WINTERSET MASTER ASSOCIATION, INC. Principal Place of Business Mailing Address # HAD DEALA 6400 CYPRESS GARDENS BLVD. 6400 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 59-2585009 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMERON, ROBERT E JR Street Address (P.O. Box Number is Not Acceptable) 6356 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884 City Zip Code FL 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) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Delete TITLE TITLE ☐ Addition Ron Havtzler 901 Royal Palm Circle WOODALL, SUSAN NAME NAME 1104 SHORELINE LANE STREET ADDRESS STREET ADDRESS WINKER Haven FL 33884 CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP **Change** Delete TITLE TITLE ☐ Addition susan woodall NAME SHULTZ, B J NAME 1104 Shoreline Lane 134 MORNING GLORY CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP Winter Haven, FL 33884 ☐ Delete Addition TITLE TITLE ☐ Change ken Hawk 1113 Shoreline Lane CHAMBERS, BOB NAME NAME STREET ADDRESS 1122 SHORELINE LANE STREET ADDRESS Winter Haven, FL 33884 CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE Pat Micciola HORTZLER, RON NAME NAME 602 Sweet Bay Circle Winter Haven FL 33884 STREET ADDRESS 901 ROYAL PALM CIR STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-ZIP City-ST-ZIP Addition TITLE Delete TITLE ☐ Change Len Deutsch botsweet Bay Circle CHRISTMAN, JERRY NAME NAME STREET ADDRESS 132 MORNING GLORY CIRCLE STREET ADDRESS Winter Haven, FL 33884 CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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, open an attachment with great directions.

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

FILED Feb 25, 2008 8:00 am **Secretary of State**

Daytime Phone #