

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90223 043 ****61.25

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # N17243 1. Entity Name WINTERSET ASSOCIATION NUMBER TWO, 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 | 04212005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2810617 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BUCKNER, WAYNE 6380 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884 | | | 7. Name and Address of New Registered Agent Name Pam Childers 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 <u><i>Pamela Childers</i></u> DATE <u>4/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | D VERSAN, WOODY 2003 GARDEN LAKE DR. WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Donna Hatchette 1710 Garden Lake Dr WINTER HAVEN FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, BOB 1905 GARDEN LAKE DR WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Stephen Wells 1814 Garden Lake Dr Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, ANNA 1816 GARDEN LAKE DR. WINTER HAVEN, FL 33844 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Misty Hawkins 1803 Garden Lake Dr Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLARK, RON 236 LAKE INA DRIVE WEST WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS Sue Hendrix 1815 Garden Lake Dr Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HANNA, JIM 2001 GARDEN LAKE DRIVE WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 all other like empowered. | | | | | |
| SIGNATURE: <u><i>Donna Hatchette</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>4/22/05</u> <u>318-0793</u> <small>Date Daytime Phone #</small> | | | |