

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N17243

FILED
Oct 13, 2009
Secretary of State

Entity Name: WINTERSET ASSOCIATION NUMBER TWO, INC.

Current Principal Place of Business:

6400 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

6400 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 59-2810617 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMERON, ROBERT E
6356 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

CAMERON, ROBERT E JR
6356 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884 US

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: ROBERT E CAMERON JR.

10/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VERSAN, WOODY
Address: 2003 GARDEN LAKE DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: HAWKINS, MISTY
Address: 1803 GARDEN LAKE DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: P () Delete
Name: MOGENSEN, PETER
Address: 1705 GARDEN LAKE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: MAREZAN, JOAN
Address: 1714 GARDEN LAKE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: HARTMAN, DAUNTA
Address: 2011 GARDENLAKE DR.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER MOGENSEN

P

10/13/2009

Electronic Signature of Signing Officer or Director

Date