

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N18839**

1. Entity Name  
**WINNERS CIRCLE I CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**14620 N. NEBRASKA AVE.  
TAMPA, FL 33613**

Mailing Address  
**14620 N. NEBRASKA AVE.  
BLDG. B  
TAMPA, FL 33613**



01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2780858**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**RIVETT, DICK  
14620 N. NEBRASKA AVE. BLDG. A  
TAMPA, FL 33613**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SUTTON, LARRY  
STREET ADDRESS 14620 N. NEBRASKA AVE. BLDG. B  
CITY-ST-ZIP TAMPA, FL 33613

TITLE D  
NAME MCLAUGHLIN, DOROTHY  
STREET ADDRESS 14620 N. NEBRASKA AVE. BLDG. C  
CITY-ST-ZIP TAMPA, FL 33613

TITLE D  
NAME RIVETT, DICK  
STREET ADDRESS 14620 N. NEBRASKA AVE. BLDG. A  
CITY-ST-ZIP TAMPA, FL 33613

TITLE D  
NAME KESSLER, MITCH  
STREET ADDRESS 14620 N. NEBRASKA AVE. BLDG. D  
CITY-ST-ZIP TAMPA, FL 33613

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000177044  
01/11/05-80021-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/05** **813 948-7572**  
Date Daytime Phone #