

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18839

FILED
Jan 09, 2007
Secretary of State

Entity Name: WINNERS CIRCLE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14620 N. NEBRASKA AVE.
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

14620 N. NEBRASKA AVE.
BLDG. B
TAMPA, FL 33613

New Mailing Address:

14620 N. NEBRASKA AVE.
TAMPA, FL 33613

FEI Number: 59-2780858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SUTTON, LARRY
Address: 14620 N. NEBRASKA AVE. BLDG. B
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: PREGNANCY CARE CENTE, R
Address: 14620 N. NEBRASKA AVE. BLDG. C
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: RIVETT, DICK
Address: 14620 N. NEBRASKA AVE. BLDG. A
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: KESSLER, MITCH
Address: 14620 N. NEBRASKA AVE. BLDG. D
City-St-Zip: TAMPA, FL 33613

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY SUTTON

PD

01/09/2007

Electronic Signature of Signing Officer or Director

Date