

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35325

FILED
Jan 12, 2008
Secretary of State

Entity Name: WINKLER ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% THOMAS RIZZO
8811 KING LEAR COURT
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

% THOMAS RIZZO
8811 KING LEAR COURT
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0821134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIZZO, THOMAS
8811 KING LEAR COURT
FORT MYERS, FL 33908 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: CELCOLI, MARINO
Address: 8810 KING LEAR CT
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: HEFFERNAN, JOSEPH
Address: 8851 KING LEAR CT
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: REILLY, WILLIAM
Address: 8771 KING LEAR CT
City-St-Zip: FORT MYERS, FL 33908

Title: VPD () Delete
Name: RICHARDS, EILEEN
Address: 8840 KING LEAR CT
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: FICHTER, THOMAS
Address: 8790 KING LEAR CT.
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARSENEAU, JOYCE
Address: 8801 KING LEAR CT
City-St-Zip: FORT MYERS, FL 33908

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: D (X) Change () Addition
Name: LEIKAM, JEFF
Address: 8760 KING LEAR CT.
City-St-Zip: FORT MYERS, FL 33908

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: JOSEPH F. HEFFERNAN

TD

01/12/2008

Electronic Signature of Signing Officer or Director

Date