


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90455 009 ****61.25

DOCUMENT # N37530 1. Entity Name WINTERSET ASSOCIATION NUMBER THREE, 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 59-2934475				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUCKNER, WAYNE 6380 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884			Name <u>Pam Childers</u> Street Address (P.O. Box Number is Not Acceptable) <u>6356 Cypress Gardens Blvd</u> City <u>Winter Haven</u> FL Zip Code <u>33884</u>		
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>Pamela Childers</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/25/05</u> <small>(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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHRIBER, HARRY		NAME		
STREET ADDRESS	902 ROYAL PALM CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 33884		CITY - ST - ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTZLER, RON		NAME		
STREET ADDRESS	901 ROYALE PALM CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 33884		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THORSEN, JOHN JR		NAME		
STREET ADDRESS	803 MAGNOLIA PLACE		STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 33884		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>RONALD L. HARTZLER</u> 4-25-05 863-315-8834 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					