
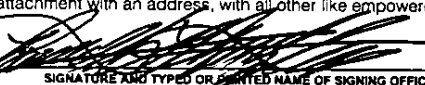


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90233 036 \*\*\*\*61.25

<b>DOCUMENT # N37530</b>					
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	03172006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHILDERS, PAM 6356 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884				<del>Robert E. Cameron, Jr.</del> Street Address (P.O. Box Number is Not Acceptable) 6356 Cypress Gardens Blvd. City Winter Haven FL Zip Code 33884	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CAROLÉ LEQUIER	
STREET ADDRESS			STREET ADDRESS	904 ROYAL PALM CIRCLE	
CITY-ST-ZIP			CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOE WOODALL	
STREET ADDRESS			STREET ADDRESS	802 MAGNOLIA PLACE	
CITY-ST-ZIP			CITY-ST-ZIP	WINTER HAVEN, FL 33884	
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		RONALD L. HARTZLER		3-10-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>DAYTIME PHONE #</small>	