2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 28, 2005 8:00 am Secretary of State DOCUMENT # N40595 04-28-2005 90177 017 ****61.25 WINTERSET PATIO HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 6400 CYPRESS GARDENS BLVD. 6400 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-3070454 Not Applicable Zip . Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAM CHILDERS C/O PIONEER PROP. MGMT. 6380 CYPRESS GARDENS BLVD. Street Address (P.O. Box Number is Not Acceptable WINTER HAVEN, FL 33884 Zip Code 3 3884 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to ... Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP Z Delete TITLE ☐ Change me ED SMITH BAUER, JOHN NAME NAME 1117 Shoreline hane 1111 SHORELINE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP Winter Haven FL 33884 Delete ☐ Change Addition TITI F TITLE JOHN NICHOL NAME GREENLEE, HAROLD NAME 1119 SHORELINE LANE 1112 SHORELINE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL. 33884 CITY-ST-ZIP WINTER HAVEN FL 3388 **Z** Delete ☐ Addition Change MILLER, A. DORIS NAME NAME 1130 SHORELINE LANE STREET ADDRESS STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE CHAMBERS, BOB 1122 SHORELINE LANE STREET ADDRESS STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition BROWNING, JEAN NAME NAME STREET ADDRESS 1107 SHORELINE LANE STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

G OFFICER OR DIRECTOR

FILED