

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90042 030 \*\*\*\*61.25

<b>DOCUMENT # N40595</b> 1. Entity Name <b>WINTERSET PATIO HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>6400 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884</b>			Mailing Address <b>6400 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3070454</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PAM CHILDERS C/O PIONEER PROP. MGMT. 6356 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884</b>			Name <b>Robert E. Cameron</b> Street Address (P.O. Box Number is Not Acceptable)  City _____ FL _____ Zip Code _____		
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 _____ DATE <b>1/29/06</b> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) 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</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DS	<input type="checkbox"/> Delete			
NAME	GREENLEE, HAROLD				
STREET ADDRESS	1112 SHORELINE LANE				
CITY-ST-ZIP	WINTER HAVEN, FL 33884				
TITLE	DP	<input type="checkbox"/> Delete			
NAME	SMITH, ED				
STREET ADDRESS	1117 SHORELINE LANE				
CITY-ST-ZIP	WINTER HAVEN, FL 33884				
TITLE	D	<input type="checkbox"/> Delete			
NAME	CHAMBERS, BOB				
STREET ADDRESS	1122 SHORELINE LANE				
CITY-ST-ZIP	WINTER HAVEN, FL 33884				
TITLE	D	<input type="checkbox"/> Delete			
NAME	BROWNING, JEAN				
STREET ADDRESS	1107 SHORELINE LANE				
CITY-ST-ZIP	WINTER HAVEN, FL 33884				
TITLE	D	<input type="checkbox"/> Delete			
NAME	NICHOL, JOHN				
STREET ADDRESS	1119 SHORELINE LANE				
CITY-ST-ZIP	WINTER HAVEN, FL 33884				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE					
NAME					
STREET ADDRESS					
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 _____ DATE <b>1/29/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>					

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