2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 29, 2008 8:00 am
Secretary of State
04-30-2008 90182 040 ****61.25

DOCUMENT # N40595

1. Entity Name
WINTERSET PATIO HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6400 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884	6400 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884

66012668

01072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3070454
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMERON, ROBERT E
6356 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~OP~~ D
NAME	SMITH, ED
STREET ADDRESS	1117 SHORELINE LANE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	~~D~~ DP
NAME	CHAMBERS, BOB
STREET ADDRESS	1122 SHORELINE LANE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	Susan Woodall
STREET ADDRESS	1104 Shoreline Lane
CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	D
NAME	Ken Hawk
STREET ADDRESS	PO Box 822
CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	DVP
NAME	Jean Browning
STREET ADDRESS	1107 Shoreline Ln
CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 reports 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #