

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40595

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

6400 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Principal Place of Business:

6356 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

Current Mailing Address:

6400 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Mailing Address:

6356 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

FEI Number: 59-3070454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: ROBERT E CAMERON JR

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, ED
Address: 1117 SHORELINE LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: DP () Delete
Name: CHAMBERS, BOB
Address: 1122 SHORELINE LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: WOODALL, SUSAN
Address: 1104 SHORELINE LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: HAWK, KEN
Address: PO BOX 822
City-St-Zip: WINTER HAVEN, FL 33884

Title: DVP () Delete
Name: BROWNING, JEAN
Address: 1107 SHORELINE LN
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB CHAMBERS

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date