

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90008 036 ****61.25

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DOCUMENT # N44651

1. Corporation Name

WINTER RIDGE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

114 WINTER RIDGE DRIVE
WINTER HAVEN FL 33881
US

Mailing Address

114 WINTER RIDGE DRIVE
WINTER HAVEN FL 33881
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/12/1991

4. FEI Number

59-4135859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RIZZO, GUY T.
123 WISTERIA DR
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number, if Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	PD
NAME	RIZZO, GUY T.
STREET ADDRESS	123 WISTERIA DR
CITY-ST-ZIP	LONGWOOD FL
TITLE	SD ☒ DELETE
NAME	PAGANA, LOUIS J.
STREET ADDRESS	180 ARCHERS POINT
CITY-ST-ZIP	LONGWOOD FL
TITLE	VD ☒ DELETE
NAME	THOMPSON, ANDY
STREET ADDRESS	104 SWEET BAY LANE
CITY-ST-ZIP	LONGWOOD FL
TITLE	VPD ☐ DELETE
NAME	MEYER, KEN
STREET ADDRESS	398 WINTER RIDGE BLVD
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D ☒ DELETE
NAME	SMITH, CHARLES C
STREET ADDRESS	75 WINTER RIDGE RD
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President ☒ Change ☐ Addition
1.2 NAME	Kenneth L. Meyer
1.3 STREET ADDRESS	398 Winter Ridge Blvd.
1.4 CITY-ST-ZIP	Winter Haven, FL 33881
2.1 TITLE	Vice President ☐ Change ☒ Addition
2.2 NAME	Bill Dailey
2.3 STREET ADDRESS	267 Winter Ridge Blvd.
2.4 CITY-ST-ZIP	Winter Haven, FL 33881
3.1 TITLE	Secretary ☐ Change ☒ Addition
3.2 NAME	Betty Longo
3.3 STREET ADDRESS	528 Winter Terr
3.4 CITY-ST-ZIP	Winter Haven, FL 33881
4.1 TITLE	Treasurer ☐ Change ☒ Addition
4.2 NAME	Donald McKenzie
4.3 STREET ADDRESS	301 Winter Ridge Blvd.
4.4 CITY-ST-ZIP	Winter Haven, FL 33881
5.1 TITLE	Director ☒ Change ☐ Addition
5.2 NAME	Guy T. Rizzo
5.3 STREET ADDRESS	123 Wisteria Dr.
5.4 CITY-ST-ZIP	Longwood, FL 32779
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Longo **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

Date

897 5266

Daytime Phone #

CR2E037 (11/98)