2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90046 017 ****61.25

J00135174

1st MOORE CR2E037 (10/04)

DOCUMENT # N44651

1. Entity Name

WINTER RIDGE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
90 WINTER RIDGE RD WINTER HAVEN FL 33881 US	90 WINTER RIDGE RD WINTER HAVEN FL 33881 US

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 59-4135859 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAWLES, EDMUND 90 WINTER RIDGE RD. WINTER HAVEN FL 33881	Name 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 Edmund Rawles 2/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAILEY, BILL 261 WINTER RIDGE BLVD WINTER HAVEN FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RICHARD BRYANT 611 RIDGE TERRACE WINTER HAVEN FL 33881 VPD	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LONGO, BETTY 528 WINTER TERRACE WINTER HAVEN FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOLORES LAUER TD 609 RIDGE TERRACE WINTER HAVEN FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ D CATALANO, MARGARET 515 WINTER TERRACE WINTER HAVEN FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD SMITH D 377 WINTER RIDGE BLVD WINTER HAVEN FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANFORD, FRED 243 WINTER RIDGE BLVD WINTER HAVEN FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH ST. GERMAIN D 248 WINTER RIDGE BLVD. WINTER HAVEN FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUILFORD, ROBIN 101 WINTER RIDGE DR WINTER HAVEN FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SD MARY ANN DAVENPORT 371 WINTER RIDGE BLVD WINTER HAVEN FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, WILMA 56 WINTER RIDGE RD. WINTER HAVEN FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Wilma L Jones President 2/5/05 863-298-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #