

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90033 039 ****61.25

DOCUMENT # N44651 1. Entity Name WINTER RIDGE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 90 WINTER RIDGE RD WINTER HAVEN, FL 33881 US			Mailing Address 90 WINTER RIDGE RD WINTER HAVEN, FL 33881 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3135859	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RAWLES, EDMUND 90 WINTER RIDGE RD. WINTER HAVEN, FL 33881				7. Name and Address of New Registered Agent Name DARRELL E. BURNHAM Street Address (P.O. Box Number is Not Acceptable) 124 WINTER RIDGE DRIVE City WINTER HAVEN FL 33881	
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 <u><i>Darrell E. Burnham</i></u> 01/10/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	VD BRYANT, RICHARD 611 RIDGE TERRACE WINTER HAVEN, FL 33881	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Burnham, Darrell E. 124 Winter Ridge Drive Winter Haven, FL. 33881	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAUER, DOLORES 609 RIDGE TERRACE WINTER HAVEN, FL 33881	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McCall, Robert 329 Winter Ridge Blvd. Winter Haven, FL 33881	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATALANO, MARGARET 515 WINTER TERRACE WINTER HAVEN, FL 33881	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Huth, Jeanne 375 Winter Ridge Blvd. Winter Haven, FL. 33881	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RICHARD 377 WINTER RIDGE BLVD WINTER HAVEN, FL 33881	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hodge, Robert 507 Winter Ridge Terrace Winter Haven, FL 33881	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVENPORT, MARY ANN 371 WINTER RIDGE BLVD WINTER HAVEN, FL 33881	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clark, Michelle 336 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 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: <u><i>Jeanne Huth</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>01/10/06</u> Daytime Phone # <u>863 298 0151</u>		