NOT FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Amended

05-23-2006 90011 042 ----61.25
N44651

FILED

06 JUN -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40094093

CR2E034B (8/05)

DOCUMENT #

1. Entity Name N44651

Winter Ridge Condominium Homeowners Assoc., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
90 Winter Ridge Rd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State
Zip: 33881 Country: Polk	Zip Country

4. FEI Number: 593135859 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Thomas L. Keller

Street Address (P.O. Box Numbers Not Acceptable): 289 Winter Ridge Blvd.

City: Winter Haven, FL FL Zip Code: 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: Thomas L. Keller Thomas L Keller, T 5/15/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: President NAME: Michele Z. Clark STREET ADDRESS: 336 Winter Ridge Blvd. CITY-ST-ZIP: Winter Haven, FL 33881	
TITLE: Vice President NAME: Robert McCall STREET ADDRESS: 329 Winter Ridge Blvd. CITY-ST-ZIP: Winter Haven, FL 33881	
TITLE: Treasurer NAME: Thomas L. Keller STREET ADDRESS: 289 Winter Ridge Blvd. CITY-ST-ZIP: Winter Haven, FL 33881	DO NOT WRITE IN THIS SPACE
TITLE: Secretary NAME: Rachel Allen STREET ADDRESS: 311 Winter Ridge Blvd. CITY-ST-ZIP: Winter Haven, FL 33881	
TITLE: Director NAME: Frederick C. Sanford STREET ADDRESS: 243 Winter Ridge Blvd. CITY-ST-ZIP: Winter Haven, FL 33881	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michele Z. Clark (Michele Z. Clark) 5/15/06 (863) 602-0138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #