2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# N44651

Entity Name: WINTER RIDGE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3135859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLARK, MICHELE Z
Address: 336 WINTER RIDGE BLVD.
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: VP ( ) Delete
Name: MCCALL, ROBERT
Address: 329 WINTER RIDGE BLVD.
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: T ( ) Delete
Name: KELLER, THOMAS L
Address: 289 WINTER RIDGE BLVD.
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: S ( ) Delete
Name: ALLEN, RACHEL
Address: 311 WINTER RIDGE BLVD.
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D ( ) Delete
Name: SANFORD, FREDERICK C
Address: 243 WINTER RIDGE BLVD.
City-St-Zip: WINTER HAVEN, FL 33881 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MCCALL, ROBERT
Address: 329 WINTER RIDGE BLVD.
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: TD (X) Change ( ) Addition
Name: SIMMONS, BOBBI
Address: 332 WINTER RIDGE BLVD
City-St-Zip: WINTER HAVEN, FL 33881 US

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

Title: VPD (X) Change ( ) Addition
Name: LEX, ROBERT
Address: 629 RIDGE TER
City-St-Zip: WINTER HAVEN, FL 33881 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELLE CLARK PD 04/10/2007

Electronic Signature of Signing Officer or Director — Date