## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N93000004443 (8)

DOCUMENT #	N93000004443 (8)
WINCHESTER COVE	HOMEOWNERS' ASSOCIATION, INC.

WINCH	ESTER COVE HOMEOWN	ERS' ASSOCIATION,	INC.			1 10011101 010 10110 31111 00111 0	 	1 <b>1 1</b>     1   1   1   1   1   1   1   1	<b>           </b>
Principal Place	of Business	Mailing Address				•			
840 Brevari Rockledge		840 BREVARD AVENI ROCKLEDGE FL 3299							
					Ī	3. Date Incorporated or Qualified 09/27/1993	3a.	Date of Last 02/28/19	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		/	Applied For
21		26				59-3204276			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.				5. Certificate of Status Desired			Additional
City & State		City 8 Chata						·····	Required
23 City & Stati	•	City & State			-	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		•	May Be
Zip	Country	Zip	Cour	ntry		This corporation has liability for	v intancible	· · · · · · · · · · · · · · · · · · ·	d to Fees
24	25	29	30	,		Florida Statutes	y intarigibil		199.032,
	9. Name and Address of Curre	ent Registered Agent	· 15.54			10. Name and Address of New			
				81 Name	·2 A.	IAS , ENED			
PRICE, 1	THOMAS J JR		}	82 Street	Address	(P.O. Box Number is Not Accept	able)		-
840 BRE	EVARD AVENUE			24	48	CHERRY WOOD	LN.	•	
ROCKLE	DGE FL 32955			83					
J				84 City	7 Kr 9	sy: He	F	L 85 3	2780
11. Pursuant	to the provisions of Sections 617,050	02 and 617.1508, Florida Stat	utes, the above	ve-named co	orporation	on submits this statement for the p		changing its n	egistered office
or register familiar wi	to the provisions of Sections 617.050 red agent, or both, in the State of Flo th, and accept the obligations of, Sec	orida. Such change was autho etion 617.0503, Florida Statut	rized by the c es. 🗻	orporettor's	board o	of grectors. Thereby accept the ap	pointment	as registered	agent. I am
SIGNATURE	FRED TAYAS	RESIDENT		11/10	K	Tura	41	26/90	<b>L</b>
	Signature, typed or printed name of registered age		NOTE: Registered	gen, signature r	required	en reinstation	DATE		
12.		ND DIRECTORS	- JX.		<u>/</u>	AMOITIONS/CHANGES TO O	FFICERS A		
TITLE	DS Routh, Debbie	DELETE	1.1 TIT					Change	Addition Addition
NAME	21 RENEE COURT		1.2 NA						
STREET ADDRESS	ROCKLEDGE FL			REET ADDRESS					
CITY+ST-ZIP TITLE	PD PD	<b>™</b> DELETE	1.4 CII 2.1 TIT	IY-ST-ZIP	PD			Change	Addition Addition
NAME	PACKARD, ROBERT	Detere	2.2 NA		244	S FRED		T Outside	Addition
STREET ADDRESS	24 RENEE COURT			REET ADDRESS	264	8 CHERRY NOOD	CN.		
CITY-ST-ZIP	ROCKLEDGE FL			TY-ST-ZIP	アメ	ns , FRED 18 CHERRY WOOD 16 VILLE , FL .			
TITLE	D	DELETE	3.1 TIT			7		Change	Addition
NAME	LOMBARDI, LISA	_	3.2 NA						_
STREET ADDRESS	840 BREVARD AVENUE			REET ADDRESS					
CITY-ST-ZIP	ROCKLEDGE FL 32955			TY-ST-ZIP					
TITLE	D	DELETE	4.1 TIT	LE .				☐ Change	Addition
NAME	VINCENT, PEGGY		4. 2 NA	AME					
STREET ADDRESS	12 RENEE COURT		4.3 STI	REET ADDRESS					
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CIT	TY-ST-ZIP					
TITLE								Change	fill Laterian
NAME		DELETE	5.1 TiT	LE .	1			Cuange	Addition
STREET ADDRESS		DELETE	5.1 TIT 5.2 NA					∟ change	Addition
077-00-710-01-12-00		DELETE	5.2 NA					□ cuade	Addition
CITY-ST-ZIP		_	5.2 NA 5.3 STI	ME					
		□ DELETE	5.2 NA 5.3 STI	ME REET ADDRESS TY-ST-ZIP			Market and the second of the s	☐ Change	Addition
CITY-ST-ZIP		_	5.2 NA 5.3 STI 5.4 CIT	ME REET ADDRESS IY-ST-ZIP LE			M		
ÇITY-ST-ZIP TITLE		_	5.2 NA 5.3 STI 5.4 CIT 6.1 TIT 6.2 NA	ME REET ADDRESS IY-ST-ZIP LE			deli anno de se de s		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR