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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004443 (8)
 1. Corporation Name
WINCHESTER COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 840 BREVARD AVENUE ROCKLEDGE FL 32955	Mailing Address 840 BREVARD AVENUE ROCKLEDGE FL 32955-2106
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3. Date Incorporated or Qualified 09/27/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3204276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ZAYAS, FRED
2848 CHERRYWOOD LANE
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name THOMAS J. PRICE
82 Street Address (P.O. Box Number is Not Acceptable) 11 WINCOVE LANE
83
84 City Rockledge
85 Zip Code FL 32955

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **THOMAS J. PRICE** DATE **3/11/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DS	NAME ROUTH, DEBBIE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 21 RENEE COURT	CITY-ST-ZIP ROCKLEDGE FL	
TITLE PD	NAME ZAYAS, FRED	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2848 CHERRYWOOD LANE	CITY-ST-ZIP TITUSVILLE FL	
TITLE D	NAME LOMBARDI, LISA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 840 BREVARD AVENUE	CITY-ST-ZIP ROCKLEDGE FL 32955	
TITLE D	NAME VINCENT, PEGGY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 12 RENEE COURT	CITY-ST-ZIP ROCKLEDGE FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME ROBERT PACKARD	
1.3 STREET ADDRESS 24 RENEE CT.	
1.4 CITY-ST-ZIP ROCKLEDGE FL 32955	
2.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME W. E. VINCENT	
2.3 STREET ADDRESS 12 RENEE CT.	
2.4 CITY-ST-ZIP ROCKLEDGE FL 32955	
3.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Tom Price	
3.3 STREET ADDRESS 11 Wincove Lane	
3.4 CITY-ST-ZIP Rockledge, FL. 32955	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **THOMAS J. PRICE** DATE **3/11/97** (407) 632-2554

CR2E037 (9/96)