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Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified: 09/27/1993  
4. FEI Number: 59-3204276  
Applied For: Not Applicable

2. Principal Place of Business: 1996 US Hwy 1, Suite, Apt. #, etc.  
2a. Mailing Address: 1996 US Hwy 1, Suite, Apt. #, etc.  
23. City & State: Rockledge FLA  
24. Zip: 32955  
25. Country: BREVARD  
26. City & State: Rockledge FLA.  
27. Zip: 32955  
28. Country: USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes [X] No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [ ] No [ ]

9. Name and Address of Current Registered Agent  
PRICE, THOMAS J  
11 WINCOVE LANE  
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: THOMAS J. PRICE 2/18/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | VPD<br>PACKARD, ROBERT<br>24 RENEE COURT<br>ROCKLEDGE FL | 1.1 TITLE   |  |
| NAME                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | TD<br>VINCENT, W E<br>12 RENEE COURT<br>ROCKLEDGE FL     | 2.1 TITLE   |  |
| NAME                       |  | 2.2 NAME  |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | PD<br>PRICE, TOM<br>11 WINCOVE LANE<br>ROCKLEDGE FL      | 3.1 TITLE   |  |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |  | 4.1 TITLE   |  |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |  | 5.1 TITLE   |  |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |  | 6.1 TITLE   |  |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 6.4 CITY - ST - ZIP                                   |  |

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14. 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 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: THOMAS J. PRICE 2/18/98 (407) 632-2554

CR2E037 (10/97)