

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004443

FILED  
Mar 07, 2008  
Secretary of State

**Entity Name:** WINCHESTER COVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

12 WINCOVE LANE  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

22 RENEE COURT  
ROCKLEDGE, FL 32955 US

**Current Mailing Address:**

12 WINCOVE LANE  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

22 RENEE COURT  
ROCKLEDGE, FL 32955 US

**FEI Number:** 59-3204276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERNARD, JEFFREY M  
12 WINCOVE LANE  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

GOLDMAN, MITCHELL  
22 RENEE COURT  
ROCKLEDGE, FL 32955 US

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: MITCHELL GOLDMAN

03/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: ABRUZZO-PRICE, THERESA  
Address: 11 WINCOVE LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete  
Name: BICKHUM, GILBERT  
Address: 19 RENEE COURT  
City-St-Zip: ROCKLEDGE, FL

Title: PD ( ) Delete  
Name: BERNARD, JEFFREY M  
Address: 12 WINCOVE LANE  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: PAILLE, JEAN  
Address: 24 RENEE COURT  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD (X) Change ( ) Addition  
Name: PAPALAS, TONY  
Address: 15 RENEE COURT  
City-St-Zip: ROCKLEDGE, FL

Title: PD (X) Change ( ) Addition  
Name: GOLDMAN, MITCHELL  
Address: 22 RENEE COURT  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify 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: MITCHELL GOLDMAN

PD

03/07/2008

Electronic Signature of Signing Officer or Director

Date