FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

N9400006261 (1) DOCUMENT #

WINTERSET LANDINGS HOME OWNERS ASSOCIATION, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			r sonttiat dim faitt dintt antit antit antit antit untit utif metfe neten tinte attal tint a			
290 AVENUE A. NW WINTER HAVEN FL 33881		290 AVENUE A. NW WINTER HAVEN FL 33881-4512						
					3. Date Incorporated or Qualified 12/21/1994	3a. Date	e of Last)5/14/1 !	Report 996
	lace of Business	2a. Mailing Address			4. FEI Number			pplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			NOT APPLICABLE			lot Applicable
22		27			5. Certificate of Status Desired			Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	П	\$5.00 May Be Added to Fees		
Žip	Country	Zıp	Zip Country		8. This corporation has liability for in	tangible ta		
24	25		30		Florida Statutes			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered A	jent	
			81	Name				
CARRER 290 AVE		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	HAVEN FL 33881	83						
			84	City		FL.	85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617,1508. Florida Statute	s, the abov	e-named cor	poration submits this statement for the pu		hanging	its registered
	egistered agent, or both, in the State of familiar with, and accept the obligat				ation's board of directors. I hereby accept	the appoi	ntment a	s registered
SIGNATURE _	and the second s		TOD ORGIO	.				l
BIGHATORE _	Signature, typed or printed name of registered agent	t and title if applicable. (NO1F	Registered Age	ent signature requ	lited when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND E	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition
NAME	CARREROU, OSWALD P		1.2 NAME					į
STREET ADDRESS	290 AVENUE A, NW		1.3 STREET	ADDRESS				İ
CITY-ST-ZIP	WINTER HAVEN FL 33881		1.4 CITY - S	ST - ZIP				Ī
TITLE	D	☐ DELETE	2.1 TITLE				Change	Addition
NAME	KOCH, KEITH		2.2 NAME					
STREET ADDRESS	8525 ELOISE LOOP ROAD		2.3 STREET	ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL		2. 4 CITY-	ST - ZIP				ļ
TITLE	STD	☐ DELETE	3.1 TITLE				Change	Addition
NAME	Carrerou, Leah J		3.2 NAME					
STREET ADDRESS	290 AVENUE A, NW		3.3 STREET	ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL 33881		3.4. CITY - 9	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	[Change	☐ Addition
NAME	•		4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE	1	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-\$7-ZIP	·		5.4 CITY - S	T-ZIP				
TITLE SO	runte.	☐ DELETE	6.1 TITLE		**************************************		Change	Addition
NAME ()			6.2 NAME				-	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S					1
	y certify that the information supplied	with this filing does not qualify	for the exe	motion state	d in Section 119.07(3)(i). Florida Statutes.	I further c	ortify 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 Block 13 or on an attachment with an address.