2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 20, 2008 8:00 am Secretary of State

02-20-2008 90008 031 ****61.25

DOCUMENT # N95000002837

1. Entity Name
WINCHESTER ESTATES HOMEOWNERS ASSOCIATION,



INC.				
Principal Plac 2664 WINCH EUSTIS, FL 3	ESTER CIR.	Mailing Address 2664 WINCHESTER CIR. EUSTIS, FL 32726 US		40028694
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02122008 Chg-NP CR2E037 (12/06)
City & Stat	e	City & State		4. FEI Number Applied For 59-7052900 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
DEDELDA	IOSE A		Name	•
PEREIRA, 2664 WING EUSTIS, F	CHESTER CIR. 🎉 🔻		Street Addr	ress (P.O. Box Number is Not Acceptable)
200110,1	2 02/20			
	4.00		City	FL Zip Code
	named entity submits this statement tions of registered agent.	for the purpose of changing its reg	gistered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept
in our gar				
SIGNATURE.				,
100	Signature, typed or printed hame of registered age	nt and title it applicable. (NOTE: Re	egistered Agent signature n	required when reinstalling) DATE
	1,242.5			
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cont		\$5.00 May Be Make check payable to
10. +34	· .	Trust Fund Cont		\$5.00 May Be Make check payable to
	Due by May 1, 2008	Trust Fund Cont	tribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #