

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90372 021 \*\*\*\*61.25

**DOCUMENT # N98000001780**

1. Entity Name

**WINTER HAVEN MANUFACTURED HOME COMMUNITY  
TENANTS ASSOCIATION, INC.**



Principal Place of Business

**61 CHARLOTTE DRIVE  
WINTER HAVEN FL 33880**

Mailing Address

**682 MAITLAND AVE  
ATT: LEE JAY COLLING  
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

**114 Laura Lane**

3. Mailing Address

**ATTN: Lee Jay Colling**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**114 LAURA LANE**

**529 Versailles Dr., Suite 103**

City & State

City & State

**Winter Haven FL**

**Maitland, FL**

Zip

Country

Zip

Country

**33880**

**US**

**32751**

**FL**

1st MOORE

CR2E037 (10/05)

103

4. FEI Number

**59-3508046**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COLLING, LEE J  
682 MAITLAND AVE  
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name **Lee Jay Colling & Associates, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**529 Versailles Drive suite 103**

City

**Maitland**

**FL**

Zip Code

**32751**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERT, NICOL	
STREET ADDRESS	59 CHARLOTTE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ASHDOWN, ANTHONY	
STREET ADDRESS	93 LAURA LANE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE	D	<input type="checkbox"/> Delete
NAME	CHILDRESS, RITA	
STREET ADDRESS	35 CHARLES DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CONLEY, DIANE	
STREET ADDRESS	61 CHARLOTTE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUSE, CAROL A	
STREET ADDRESS	158 JAY DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE	T	<input type="checkbox"/> Delete
NAME	KURTZ, ELIZABETH	
STREET ADDRESS	41 DALE DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Childress, Rita	
STREET ADDRESS	35 Charles Drive	
CITY-ST-ZIP	Winter Haven, FL 33880	

TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brink, Lou	
STREET ADDRESS	47 Dale Drive	
CITY-ST-ZIP	Winter Haven, FL 33880	

TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kurtz, Elizabeth	
STREET ADDRESS	41 Dale Drive	
CITY-ST-ZIP	Winter Haven FL 33880	

TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zimmer, Judy	
STREET ADDRESS	114 Laura Lane	
CITY-ST-ZIP	Winter Haven, FL 33880	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nicol, Robert A.	
STREET ADDRESS	59 Charlotte Drive	
CITY-ST-ZIP	Winter Haven, FL 33880	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ashdown, Anthony	
STREET ADDRESS	93 Laura Lane	
CITY-ST-ZIP	Winter Haven, FL 33880	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Judy Zimmer* Secty 4/13/06 863-299-7863