2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90029 017 ****61.25

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1. Entity Name

WINTER HAVEN MANUFACTURED HOME COMMUNITY TENANTS ASSOCIATION, INC.

Principal Place of Business
~~114 LAURA LN~~ 155 Jay Drive
WINTER HAVEN FL 33880

Mailing Address
ATTN: LEE JAY COLLING
529 VERSAILLES DR., STE 103
MAITLAND FL 32751

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
155 Jay Drive	Attn: Lee Jay Colling
Suite, Apt. #, etc.	Suite, Apt. #, etc. 529 Versailles Dr. Ste 103
City & State Winter Haven, FL	City & State Maitland, FL 32751
Zip 33880 Country US	Zip 32751 Country US

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	7. Name and Address of New Registered Agent
LEE JAY COLLING & ASSOCIATES, P.A. 529 VERSAILLES DR STE 103 MAITLAND FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 is required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT, NICOL 59 CHARLOTTE DRIVE WINTER HAVEN FL 33880 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RITA CHILDRESS 35 CHARLES DR WINTER HAVEN, FL. 33880 ☐ Change ☐ Addition PRES.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASHDOWN, ANTHONY 93 LAURA LANE WINTER HAVEN FL 33880 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANTHONY ASHDOWN DELETE- ☐ Change ☐ Addition V. PRES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHILDRESS, RITA 35 CHARLES DRIVE WINTER HAVEN FL 33880 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOY NOVOTNY 20 CHARLES DR WINTER HAVEN, FL 33880 ☒ Change ☐ Addition SECY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRINK, LOU 47 DALE DR WINTER HAVEN FL 33880 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NANCY WOODS 155 JAY DRIVE WINTER HAVEN, FL. 33880 ☐ Change ☐ Addition TREAS.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZIMMER, JUDY 114 LAURA LN WINTER HAVEN FL 33880 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARTY VARTORELLA 101 LAKE CHARLOTTE DR WINTER HAVEN, FL 33880 ☐ Change ☐ Addition DIRECTOR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KURTZ, ELIZABETH 41 DALE DR WINTER HAVEN FL 33880 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELAINE BOYES 23 CHARLES DR WINTER HAVEN, FL 33880 ☐ Change ☐ Addition DIRECTOR

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: Nancy Woods Treasurer April 9, 2008 863-294-2159