

FILED
Feb 28, 2003 8:00 am
Secretary of State

01-30-2003 90161 010 ***61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006459

1. Entity Name

WINTERSET GARDENS PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business
P O BOX 8113
CYPRESS GARDENS FL 33884

Mailing Address
P O BOX 8113
CYPRESS GARDENS FL 33884

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3593146

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

CHAMBERS, BOB
589 AVENUE K SE
WINTER HAVEN FL 33882

Name DOUGLAS M. DARDEN
Street Address (P.O. Box Number is Not Acceptable)
6781 WINTERSET GARDENS RD.
City WINTER HAVEN FL Zip Code 33884

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	☐ Delete
P	DARDEN, DOUG	6781 WINTERSET GARDENS RD.	WINTER HAVEN FL 33884	☒
VP	BEAVER, BILL D	6625 WINTERCREST GARDENS RD	WINTER HAVEN FL 33884	☒
S	CASSIDY, STEPHANIE	6781 WINTERSET GARDENS RD	WINTER HAVEN FL 33884	☐
T	CHAMBERS, BOB	6777 WINTERSET GARDENS RD	WINTER HAVEN FL 33884	☒
D	YORK, SHARON	6776 WINTERSET GARDENS RD	WINTER HAVEN FL 33884	☒
D	SANDERS, SAM	6780 WINTERSET GARDENS RD	WINTER HAVEN FL 33884	☒

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS M. DARDEN

1-27-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)