


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90071 015 ****61.25

| | |
|---|---|
| DOCUMENT # N99000007576 |  |
| 1. Entity Name WINONA HOMEOWNERS' ASSOCIATION, INC. | |

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|--|--|
| Principal Place of Business 151 WINONA CIR AUBURNDAL, FL 33823 | Mailing Address 151 WINONA CIR AUBURNDAL, FL 33823 |
|--|--|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04082008 Chg-NP CR2E037 (12/06)

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|--|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BULMAN, KEVIN 151 WINONA CIR AUBURNDAL, FL 33823 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|---|------------------------------------|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LANGONKE, ROBERT | | | NAME | | | |
| STREET ADDRESS | 237 WINONA CIR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | AUBURNDAL, FL 33823 | | | CITY-ST-ZIP | | | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BULMAN, KEN | | | NAME | | | |
| STREET ADDRESS | 151 WINONA CIR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | AUBURNDAL, FL 33823 | | | CITY-ST-ZIP | | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | | TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | GATLIN, CARRIE | | | NAME | | | |
| STREET ADDRESS | 112 WINONA CIR | | | STREET ADDRESS | Susan Rohlfling 238 Winona Circle Auburndale, FL 33823 | | |
| CITY-ST-ZIP | AUBURNDAL, FL 33823 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | POMYKALSKI, KEN | | | NAME | | | |
| STREET ADDRESS | 148 WINONA CIRCLE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | AUBURNDAL, FL 33823 | | | CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TAYLOR, MICHAEL | | | NAME | | | |
| STREET ADDRESS | 154 WINONA CIR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | AUBURNDAL, FL 33823 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MASON, JACK | | | NAME | | | |
| STREET ADDRESS | 150 WINONA CIR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | AUBURNDAL, FL 33823 | | | CITY-ST-ZIP | | | |

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: Michael R. Taylor Secretary/Director **4/18/2008** 863-967-2412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #