


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000100550

1. Entity Name
 WINCHESTER APARTMENTS OF LAKE WORTH, INC.



Principal Place of Business
 6325 ANGUS ROAD
 LAKE WORTH, FL 33467

Mailing Address
 6325 ANGUS ROAD
 LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-1055839 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EFFMAN, BERNARD
 6325 ANGUS ROAD
 LAKE WORTH, FL 33467

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP EFFMAN, BERNARD 6325 ANGUS ROAD LAKE WORTH, FL 33467 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS EFFMAN, MERYL 6325 ANGUS ROAD LAKE WORTH, FL 33467 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:  DATE: 2-10-04 DAYTIME PHONE #: 54-966-5750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR