

2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/24/2007-90016-013-\$61.25-\$61.25

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		
2. Principal Place of Business - No P.O. Box # 33 Highland Ave.			3. Mailing Address 33 Highland Ave.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Monmouth Beach, NJ			City & State Monmouth Beach, NJ		
Zip 07750		Country US		4. FEI Number 65-1055839	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EFFMAN, BERNARD 6325 ANGUS ROAD LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name: Dermot P. Mac Mahon, Esq. Street Address (P.O. Box Number is Not Acceptable): 1860 Forest Hill Blvd Ste 105 City: West Palm Beach FL Zip Code: 33406-6086		
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: 1/22/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP EFFMAN, BERNARD 6325 ANGUS ROAD LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	XX Change <input type="checkbox"/> Addition 33 Highland Ave. Monmouth Beach NJ 07750	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS EFFMAN, MERYL 6325 ANGUS ROAD LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	XX Change <input type="checkbox"/> Addition 33 Highland Ave. Monmouth Beach NJ 07750	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500096350825 04/10/07--01039--004 **\$88.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with no other like empowered.					
SIGNATURE:				DATE: 1-12-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE: 561-324-0987	