

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09292

Entity Name: WINTERSET MASTER ASSOCIATION, INC.**Current Principal Place of Business:**6404 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884**Current Mailing Address:**500 ORCHID SPRINGS DRIVE
WINTER HAVEN, FL 33884 US**FEI Number:** 59-2585009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAMBAUGH, INC.
500 ORCHID SPRINGS DRIVE
WINTER HAVEN, FL 33884 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name LANDRY, CLAUDE
Address 500 ORCHID SPRINGS DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title VP
Name ST CLAIR, NORMAND
Address 500 ORCHID SPRINGS DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name RAMIREZ, MARCOS
Address 500 ORCHID SPRINGS DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title TREASURER
Name SELLERS, CAROLYN
Address 500 ORCHID SPRINGS DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title SECRETARY
Name EHLEN, TERRY
Address 500 ORCHID SPRINGS DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name MALONEY, PATRICK
Address 500 ORCHID SPRINGS DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name MCLAIN, SUE
Address 500 ORCHID SPRINGS DRIVE
City-State-Zip: WINTER HAVEN FL 33884

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLAUDE LANDRY

PRESIDENT

02/28/2022

Electronic Signature of Signing Officer/Director Detail_____
Date