

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44651

Entity Name: WINTER RIDGE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**90 WINTER RIDGE ROAD
WINTER HAVEN, FL 33881**Current Mailing Address:**90 WINTER RIDGE ROAD
WINTER HAVEN, FL 33881 US**FEI Number: 59-3135859****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIONEER PROPERTY MANAGEMENT INC
6356 CYPRESS GARDENS BLVD
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	TREASURER
Name	LEX, ROBERT
Address	90 WINTER RIDGE ROAD
City-State-Zip:	WINTER HAVEN FL 33881

Title	SECRETARY
Name	ROSE, BEVERLY
Address	90 WINTER RIDGE ROAD
City-State-Zip:	WINTER HAVEN FL 33881

Title	VP
Name	ANDERSON, RICHARD
Address	90 WINTER RIDGE ROAD
City-State-Zip:	WINTER HAVEN FL 33881

Title	DIRECTOR
Name	ALLEN, RACHEL
Address	90 WINTER RIDGE ROAD
City-State-Zip:	WINTER HAVEN FL 33881

Title	PRESIDENT
Name	KELLER, GAIL
Address	90 WINTER RIDGE ROAD
City-State-Zip:	WINTER HAVEN FL 33881

Title	DIRECTOR
Name	ROSE, RICK
Address	90 WINTER RIDGE ROAD
City-State-Zip:	WINTER HAVEN FL 33881

Title	DIRECTOR
Name	MCCALL, ROBERT
Address	90 WINTER RIDGE ROAD
City-State-Zip:	WINTER HAVEN FL 33881

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: ROBERT LEX**TREASURER****04/16/2013**

Electronic Signature of Signing Officer/Director Detail

Date