

2018 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:**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: TANISHA SCHROEDER****04/13/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title	TREASURER
Name	WILSON, JACK
Address	90 WINTER RIDGE ROAD
City-State-Zip:	WINTER HAVEN FL 33881

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

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

Title	DIRECTOR
Name	FRENCHAK, KARIS
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: MICHELE CLARK**PRESIDENT****04/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date