Entity Name: WINCHESTER COVE HOMEOWNERS' ASSOCIATION, INC.				Secretary of State	
•	ncipal Place of Business:			CC0216145934	
Current Ma	iling Address:				
23 RENEE ( ROCKLEDG	COURT GE, FL 32955 US				
FEI Number: 59-3204276 Certificate			Certificate of	Status Desired: No	
Name and A	Address of Current Registered Agen	it:			
MCCOMBS, LI 23 RENEE CO ROCKLEDGE,	URT				
The above name	d entity submits this statement for the purpose of char	nging its registered office or regis	tered agent, or both, ir	the State of Florida.	
	d entity submits this statement for the purpose of char E: LISA MCCOMBS	nging its registered office or regis	tered agent, or both, ir		
		nging its registered office or regis	tered agent, or both, ir		
SIGNATURI	E: LISA MCCOMBS	nging its registered office or regis	tered agent, or both, ir	04/10/2018	
SIGNATURI	E: LISA MCCOMBS Electronic Signature of Registered Agent	nging its registered office or regis	tered agent, or both, ir	04/10/2018	
SIGNATURI Officer/Dire	E: LISA MCCOMBS Electronic Signature of Registered Agent			04/10/2018	
SIGNATURI Officer/Dire	E: LISA MCCOMBS Electronic Signature of Registered Agent ector Detail : VP, TREASURER	Title	SECRETARY	04/10/2018 Date	
SIGNATURI Officer/Dire Title Name	E: LISA MCCOMBS Electronic Signature of Registered Agent ector Detail : VP, TREASURER MCCOMBS, LISA 23 RENEE COURT	Title Name Address	SECRETARY WATSON, PAUL	04/10/2018 Date	
SIGNATURI Officer/Dire Title Name Address	E: LISA MCCOMBS Electronic Signature of Registered Agent ector Detail : VP, TREASURER MCCOMBS, LISA 23 RENEE COURT	Title Name Address	SECRETARY WATSON, PAUL 21 RENEE COUR	04/10/2018 Date	
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: LISA MCCOMBS Electronic Signature of Registered Agent Cotor Detail : VP, TREASURER MCCOMBS, LISA 23 RENEE COURT ROCKLEDGE FL 32955	Title Name Address	SECRETARY WATSON, PAUL 21 RENEE COUR	04/10/2018 Date	
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	E: LISA MCCOMBS Electronic Signature of Registered Agent Cord Detail : VP, TREASURER MCCOMBS, LISA 23 RENEE COURT ROCKLEDGE FL 32955 PRESIDENT	Title Name Address	SECRETARY WATSON, PAUL 21 RENEE COUR	04/10/2018 Date	
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title Name	E: LISA MCCOMBS Electronic Signature of Registered Agent Contron Detail : VP, TREASURER MCCOMBS, LISA 23 RENEE COURT ROCKLEDGE FL 32955 PRESIDENT PRICE, THOMAS 11 WINCOVE LANE	Title Name Address	SECRETARY WATSON, PAUL 21 RENEE COUR	04/10/2018 Date	

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004443

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: LISA MCCOMBS

VP/TREASURER

04/10/2018

FILED Apr 10, 2018

Electronic Signature of Signing Officer/Director Detail