

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:50

DOCUMENT # 722836 (4)

1. Corporation Name

WINDERMERE DOWNS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

HEMPEL AVE
PO BOX 6
GOTHA FL 34734

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PO BOX 6
GOTHA FL 34734

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/06/1972
3a. Date of Last Report 05/01/1994

4. FEI Number 59-1555936
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIZZO, ANTHONY
1963 MAPLE LEAF DR
WINDERMERE FL 34786

B1 Name LeFevers, Chuck
B2 Street Address (P.O. Box Number is Not Acceptable) 9723 Pleasance Cir
B3 Windermere, FL 34786
B4 City Windermere FL B5 Zip Code 34786

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Chuck LEFEVERS
NOTE: Registered Agent signature required when reinstating!

4-4-95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SKOLODA, LES
STREET ADDRESS 1844 MAPLE LEAF DR
CITY-ST-ZIP WINDERMERE FL

1.1 TITLE PD Change Addition
1.2 NAME LeFevers, Chuck
1.3 STREET ADDRESS 9723 Pleasance Cir
1.4 CITY-ST-ZIP Windermere FL 34786

TITLE VD
NAME PEOPLES, KEITH
STREET ADDRESS 1827 WOODY DR
CITY-ST-ZIP WINDERMERE FL

2.1 TITLE VD Change Addition
2.2 NAME Brady, Barbara
2.3 STREET ADDRESS 9612 Hollyglen Pl
2.4 CITY-ST-ZIP Windermere FL 34786

TITLE TD
NAME WALDEN, JANICE
STREET ADDRESS 1826 WOODY DR
CITY-ST-ZIP WINDERMERE FL

3.1 TITLE Change Addition
3.2 NAME NONE
3.3 STREET ADDRESS NONE
3.4 CITY-ST-ZIP NONE

TITLE SD
NAME BRADY, BARBARA
STREET ADDRESS 9612 HOLLYGLEN PL
CITY-ST-ZIP WINDERMERE FL

4.1 TITLE SD Change Addition
4.2 NAME Colodny, Linda
4.3 STREET ADDRESS 9707 Wild Oak Dr
4.4 CITY-ST-ZIP Windermere FL 34786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chuck LEFEVERS

4-4-95
DATE