

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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** **HEMPEL AVE PO BOX 6 GOTHA FL 34734**

3. Date Incorporated or Qualified **03/06/1972** 3a. Date of Last Report **04/11/1995**  
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**  
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 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LEFEVERS, CHUCK  
9723 PLEASANCE CIR  
WINDERMERE FL 34786**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEFEVERS, CHUCK</b>	
STREET ADDRESS	<b>9723 PLEASANCE CIR</b>	
CITY-ST-ZIP	<b>WINDERMERE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRADY, BARBARA</b>	
STREET ADDRESS	<b>9612 HOLLYGLEN PL</b>	
CITY-ST-ZIP	<b>WINDERMERE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WALDEN, JANICE</b>	
STREET ADDRESS	<b>1826 WOODY DR</b>	
CITY-ST-ZIP	<b>WINDERMERE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>COLODNY, LINDA</b>	
STREET ADDRESS	<b>9707 WILD OAK DR</b>	
CITY-ST-ZIP	<b>WINDERMERE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Russell Long</b>
2.3 STREET ADDRESS	<b>9700 Pleasnace Circle</b>
2.4 CITY-ST-ZIP	<b>Windermere FL 34786</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Deborah Kitts</b>
3.3 STREET ADDRESS	<b>1813 Mapleleaf Dr</b>
3.4 CITY-ST-ZIP	<b>Windermere FL 34786</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Lori McCord</b>
4.3 STREET ADDRESS	<b>1701 Woody Dr</b>
4.4 CITY-ST-ZIP	<b>Windermere Dr 34786</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

**SIGNATURE:**

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

Date

Daytime Phone #

**1-6-96 1800 3820524**

CR2E037 (12/95)