

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722836 (4)

1. Corporation Name
WINDERMERE DOWNS COMMUNITY ASSOCIATION, INC.



Principal Place of Business HEMPEL AVE PO BOX 6 GOTHA FL 34734	Mailing Address HEMPEL AVE PO BOX 6 GOTHA FL 34734-0006
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/06/1972	3a. Date of Last Report 02/12/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1555936	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEFEVERS, CHUCK	
STREET ADDRESS	9723 PLEASANCE CIR	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LONG, RUSSELL	
STREET ADDRESS	9700 PLEASANCE CIRCLE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KITTS, DEBORAH	
STREET ADDRESS	1813 MAPLELEAF DRIVE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCORD, LORI	
STREET ADDRESS	1701 WOODY DRIVE	
CITY-ST-ZIP	WINDERMERE FL	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANDREONE, DAVE	
1.3 STREET ADDRESS	2500 Meadowview CR	
1.4 CITY-ST-ZIP	WINDERMERE FL 34786	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WEST, CHRISTINE	
4.3 STREET ADDRESS	1845 MAPLE LEAF DR	
4.4 CITY-ST-ZIP	WINDERMERE FL 34786	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **11-8-97**

CP2E037 (9/96)