

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified  
03/06/1972  
4. FEI Number  
59-1555936  
Applied For  
Not Applicable

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 25 29 30

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  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 H L Daniels  
82 Street Address (P.O. Box Number is Not Acceptable)  
1859 Maple Leaf Dr  
83  
84 City Windermere FL 85 Zip Code 34786

11. Pursuant to the provisions of Sections 617.0509 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]* DATE: 3/9/98

12. OFFICERS AND DIRECTORS	
TITLE	VD LONG, RUSSELL <input checked="" type="checkbox"/> DELETE
NAME	LONG, RUSSELL
STREET ADDRESS	9700 PLEASANCE CIRCLE
CITY-ST-ZIP	WINDERMERE FL
TITLE	TD KITTS, DEBORAH <input checked="" type="checkbox"/> DELETE
NAME	KITTS, DEBORAH
STREET ADDRESS	1813 MAPLELEAF DRIVE
CITY-ST-ZIP	WINDERMERE FL
TITLE	PD ANDREONE, DAVE <input checked="" type="checkbox"/> DELETE
NAME	ANDREONE, DAVE
STREET ADDRESS	2500 MEADOWVIEW CIR
CITY-ST-ZIP	WINDERMERE FL
TITLE	SD WEST, CHRISTINE <input type="checkbox"/> DELETE
NAME	WEST, CHRISTINE
STREET ADDRESS	1845 MAPLE LEAF DR
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	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dorothy Wynn
1.3 STREET ADDRESS	1700 Windermere Down Pl
1.4 CITY-ST-ZIP	Windermere FL 34786
2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Randall Krizek
2.3 STREET ADDRESS	2030 Down Woods Ln
2.4 CITY-ST-ZIP	Windermere FL 34786
3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	H L Daniels
3.3 STREET ADDRESS	1859 Maple Leaf Dr
3.4 CITY-ST-ZIP	Windermere FL 34786
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *[Signature]* DATE: 2/10/98

CFR2E037 (10/97)