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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722836

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/06/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1555936
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DANIELS, H L
1859 MAPLE LEAF DR
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WYNN, DOROTHY	
STREET ADDRESS	1700 WINDERMERE DOWN PL	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRIZEK, RANDALL	
STREET ADDRESS	2030 DOWN WOODS LN	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DANIELS, H L	
STREET ADDRESS	1859 MAPLE LEAF DR	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	SD	<input checked="" 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	LeFevers, Chuck	
1.3 STREET ADDRESS	9723 Pleasance Circle	
1.4 CITY-ST-ZIP	Windermere FL 34786	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Krizek, Randall	
2.3 STREET ADDRESS	2030 Down Woods Ln	
2.4 CITY-ST-ZIP	Windermere FL 34786	
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	Christine Gerlander	
4.3 STREET ADDRESS	9834 Quail Cove Ct	
4.4 CITY-ST-ZIP	Windermere FL 34786	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dave Sevig	
5.3 STREET ADDRESS	2033 Stillwood Pl	
5.4 CITY-ST-ZIP	Windermere FL 34786	
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)(l), 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, with all other like empowered.

SIGNATURE: DANIELS DATE: 2/10/99 DAYTIME PHONE #: 407-296-5222

CR2E037 (1/98)