

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90132 033 \*\*\*\*61.25

**DOCUMENT # 722836**

1. Entity 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 34734-0006

902910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1555936**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIELS, H L**  
**1859 MAPLE LEAF DR**  
**WINDERMERE FL 34786**

Name **Chuck LeFevers**

Street Address (P.O. Box Number is Not Acceptable)

**9723 Pleasance Circle**

City **Windermere**

**FL**

Zip Code **34786**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-12-00**

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	LEFEVERS, CHUCK	
STREET ADDRESS	9723 PLEASANCE CIRCL	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<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	GERLANDER, CHRISTINE	
STREET ADDRESS	9834 QUAIL COVE CT	
CITY-ST-ZIP	WINDERMERE FL 34876	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SEVING, DAVE	
STREET ADDRESS	2033 STILLWOOD PL	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Audra Overkleeft	
STREET ADDRESS	9722 Pleasance Circle	
CITY-ST-ZIP	Windermere FL 34786	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff York	
STREET ADDRESS	9694 Wildoak Dr	
CITY-ST-ZIP	Windermere FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CF12E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-00 407521-6565**

Date Daytime Phone #