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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

04-18-2002 90401 045 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 760302

1. Entity Name

WINDERLAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1636 WINDERMERE FL 34786 US	P.O. BOX 1636 WINDERMERE FL 34786 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2153523 — Applied For / Not Applicable

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
RANN, LINDA 7911 MANITOBA PLACE ORLANDO FL 32835	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 _____ DATE

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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 VP ☐ Delete NAME FARTHING, BERNIE STREET ADDRESS 4330 WINNIPEG CT CITY-ST-ZIP ORLANDO FL 32835	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP President ☐ Delete NAME BELL, ERNIE STREET ADDRESS 7920 SEBAGO CT CITY-ST-ZIP ORLANDO FL 32835	TITLE ☑ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD Treasurer ☐ Delete NAME RANN, LINDA STREET ADDRESS 7911 MANITOBA PLACE CITY-ST-ZIP ORLANDO, FL 32811 32835	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D ☐ Delete NAME COHEN, DAVID STREET ADDRESS 4440 WINDERLAKES DR CITY-ST-ZIP ORLANDO FL 32835	TITLE D ☐ Change ☑ Addition add NAME TOM GINTHER STREET ADDRESS 4488 Winderlakes Dr CITY-ST-ZIP Orlando FL 32835
TITLE S ☑ Delete NAME TASKOSKI, MIKE STREET ADDRESS 3830 WINDERLAKES DR CITY-ST-ZIP ORLANDO FL 32835	TITLE D (RAYLENE) Secretary ☐ Change ☑ Addition NAME Raylene Traskoski STREET ADDRESS 3830 Winderlakes Dr CITY-ST-ZIP Orlando, FL 32835
TITLE D Hospitality add ☐ Delete NAME Humberto Langston STREET ADDRESS 3876 Winderlakes Dr CITY-ST-ZIP Orlando FL 32835	TITLE Landscape ☑ Change ☐ Addition NAME Jack Seeley STREET ADDRESS 7913 Seeley Ct Delete CITY-ST-ZIP Orlando FL 32835

CR2E037 (9/01)

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 Linda Rann — 4/1/02 — 321-217-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #