

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 30 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002394

1. Entity Name

WINDERMERE RIDGE HOMEOWNERS ASSOCIATION, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5695 BEGGS ROAD

3. Mailing Address

5695 BEGGS ROAD

Suite, Apt. #, etc.

SUITE B-100

Suite, Apt. #, etc.

SUITE B-100

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32810

Country

US

Zip

32810

Country

US

4. FEI Number

01-0576659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

SUTHERLAND, THERESA D.

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

5695 BEGGS ROAD

SUITE B-100

City

ORLANDO

FL

Zip Code  
32810

**DO NOT WRITE  
IN THIS SPACE**

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

*Theresa Sutherland*

THERESA SUTHERLAND

4-17-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE PD  
NAME HOFFORD, JR., JAMES M.  
STREET ADDRESS 3619 APOPKA -VINELAND ROAD  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000005501160--5  
-05/09/02--01072--016  
\*\*\*\*\*B1.25 \*\*\*\*\*B1.25

TITLE VD  
NAME BROWN, KAREN  
STREET ADDRESS 3619 APOPKA-VINELAND ROAD  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  
NAME LOVE, LISA  
STREET ADDRESS 3619 APOPKA-VINELAND ROAD  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*James M. Hofford Jr.*

JAMES M. HOFFORD JR.

4/19/02

407-876-5050

CR2E037B (12/01)