

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90142 026 \*\*\*\*61.25

<b>DOCUMENT #N01000002394</b>					
<b>1. Entity Name</b> WINDERMERE RIDGE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5695 BEGGS ROAD SUITE B-100 ORLANDO, FL 32810			<b>Mailing Address</b> 5695 BEGGS ROAD SUITE B-100 ORLANDO, FL 32810		
<b>2. Principal Place of Business</b> 1750 W. BROADWAY ST. Suite, Apt. #, etc. 118		<b>3. Mailing Address</b> 1750 W. BROADWAY STREET Suite, Apt. #, etc. 118			
<b>City &amp; State</b> OVIEDO, FLORIDA		<b>City &amp; State</b> OVIEDO, FL		<b>4. FEI Number</b> 01-0576659	
<b>Zip</b> 32765		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SUTHERLAND, THERESA D 5695 BEGGS ROAD SUITE B-100 ORLANDO, FL 32810			<b>7. Name and Address of New Registered Agent</b> Name: KEVIN M. DAVIS Street Address (P.O. Box Number is Not Acceptable): COMMUNITY MGMT. SPECIALISTS, INC. 1750 W. BROADWAY STREET # 118 City: OVIEDO FL Zip Code: 32765		
<b>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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE:  AGENT DATE: 4/6/05 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> GRECO, RICHARD <b>STREET ADDRESS</b> 6355 METRO WEST BLVD STE 260 <b>CITY-ST-ZIP</b> ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PO <b>NAME</b> BAUER, MARILYN <b>STREET ADDRESS</b> 8200 LYNCH DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> FANNLY, RICHARD <b>STREET ADDRESS</b> 6355 METRO WEST BLVD STE 260 <b>CITY-ST-ZIP</b> ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> MORENO, ANTHONY <b>STREET ADDRESS</b> 3541 KING RIDGE DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> DI FIORE, CARA <b>STREET ADDRESS</b> 6355 METRO WEST BLVD STE 260 <b>CITY-ST-ZIP</b> ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> HOOKER, JOHN <b>STREET ADDRESS</b> 3438 KING GEORGE DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> GRASHEL, LARRY <b>STREET ADDRESS</b> 3649 KING GEORGE DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Day:mo:Phone #</small>		