

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90365 007 ****61.25

DOCUMENT # N04505

1. Entity Name

WINDERMERE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

700 WINDERMERE WAY
 PALM BEACH GARDENS FL 33418

400 TONEY PENNA DR
 JUPITER FL 33458

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

59-2506456

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

DEJESUS, ESTHER
 400 TONEY PENNA DRIVE
 JUPITER FL 33458

Name **DIANA REED**
 Street Address (P.O. Box Number is Not Acceptable) **DICKINSON MANAGEMENT, INC.**
400 TONEY PENNA DRIVE
 City **JUPITER FL 33458**

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

[Handwritten Signature]

4/10/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	DAVI, NATALE	
STREET ADDRESS	400 TONEY PENNA DR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PALAZZOLO, VINCENT J.	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEIN, PHILIP	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCCI, VICTOR	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROBINSON, KAREN	
STREET ADDRESS	400 TONEY PENNA RD	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBBINS, DAVE	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAZZOLO, VINCENT J.	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKERSON, KAREN	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** *[Handwritten Signature]* **Apr. 17 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)