

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91401 034 \*\*\*\*61.25

004018Z

**DOCUMENT # N04505**

1. Entity Name

**WINDERMERE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**700 WINDERMERE WAY  
PALM BEACH GARDENS FL 33418**

Mailing Address

**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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REED, DIANA  
DICKINSON MANAGEMENT INC  
400 TONEY PENNA DRIVE  
JUPITER FL 33458**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBBINS, DAVE</b>	
STREET ADDRESS	<b>400 TONEY PENNA DR.</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PALAZZOLO, VINCENT J.</b>	
STREET ADDRESS	<b>400 TONEY PENNA DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>STEIN, PHILIP</b>	
STREET ADDRESS	<b>400 TONEY PENNA DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LUCCI, VICTOR</b>	
STREET ADDRESS	<b>400 TONEY PENNA DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WILKERSON, KAREN</b>	
STREET ADDRESS	<b>400 TONEY PENNA DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOYCE HART</b>	
STREET ADDRESS	<b>872 WINDERMERE WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHEN SOBEL</b>	
STREET ADDRESS	<b>918 WINDERMERE WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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** *[Signature]*

**4/15/03 (501) 147-5605**

CR2E037 (10/02)