FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 2-12-96 B 1010 C

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09393 (2)

1. Corporation Name

WOODLANDS OF WINDERMERE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7306 WOODKNOT COURT P.O. BOX 616045 ORLANDO FL 32861-6045 US	7306 WOODKNOT COURT P.O. BOX 616045 ORLANDO FL 32861-6045 US

2. Principal Place of Business	2a. Mailing Address
21 7306 WOODKNOT CT.	26 7306 WOODKNOT CT.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 05/21/1985

3a. Date of Last Report: 04/07/1995

4. FEI Number: 59-2538868 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

WILES, MUSA
7306 WOODKNOT CT.
ORLANDO FL 32835

10. **Name and Address of New Registered Agent**

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: MUSA WILES (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2/6/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LEACOCK, SHEILA		12 NAME		
STREET ADDRESS	7345 WOODBRIAR CT.		13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP		
TITLE	VP	XX DELETE	21 TITLE	VP	☐ Change ☒ Addition
NAME	SMITH, GAIL		22 NAME	HUSSY, HOLLY	
STREET ADDRESS	7304 BRANCHTREE DRIVE		23 STREET ADDRESS	7358 WOODKNOT CT.	
CITY-ST-ZIP	ORLANDO FL		24 CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	WILES, MUSA		32 NAME		
STREET ADDRESS	7306 WOODKNOT CT.		33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		34 CITY-ST-ZIP		
TITLE	ST	XX DELETE	41 TITLE	ST	☐ Change ☒ Addition
NAME	BORKES, NANCY		42 NAME	REESE, DONNA	
STREET ADDRESS	7338 WOODBRIAR CT.		43 STREET ADDRESS	7301 FORESTWOOD CT.	
CITY-ST-ZIP	ORLANDO FL		44 CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MUSA WILES Musa Wiles 2/6/96 407-299-9915

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

CR2E037 (12/95)