

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09393

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2538868

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

MOORE, DIANNE

7326 FORRESTWOOD COURT
ORLANDO FL 32835

Name

Barbara Pincus TD

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

7217 Branch Tree Dr.

City

Orlando

FL

Zip Code

32835

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

Barbara J Pincus

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

(NOTE: Registered Agent signature required when reinstating)

DATE

19 Mar 02

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
NAME SMITH, CHARLES
STREET ADDRESS 7329 WOODBRIAR CT
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME MCGOWAN, JOHN
STREET ADDRESS 4501 WOODLOT COURT
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME MOORE, DIANNE
STREET ADDRESS 7326 FORRESTWOOD COURT
CITY-ST-ZIP ORLANDO FL 32835 ☒ Delete

TITLE TD
NAME Barbara Pincus ☒ Change ☐ Addition
STREET ADDRESS 7217 Branch Tree Dr.
CITY-ST-ZIP Orlando, FL 32835

TITLE SD
NAME FLUSH, TIM
STREET ADDRESS 7361 WOODBRIAR COURT
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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:

Charles M. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Mar 02 (407) 306-1587

Date

Daytime Phone #

CR2E037 (9/01)

0060166

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90633 032 ****61.25

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