

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90090 047 ****61.25

DOCUMENT # N09393

1. Entity Name

**WOODLANDS OF WINDERMERE HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business

7306 WOODKNOT COURT
P.O. BOX 616045
ORLANDO FL 32861-6045
US

Mailing Address

PO BOX 1421
WINDERMERE FL 34786
US

2. Principal Place of Business

7304 Branchtree Drive
Suite, Apt. #, etc.
Orlando FL
City & State
32835-2712 US
Zip Country

3. Mailing Address

Suite, Apt. #, etc.
City & State



MOORE CR2E037 (11/03)

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

PINCUS, BARBARA TD
7217 BRANCH TREE DR.
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name Charles M. Smith, D
Street Address (P.O. Box Number is Not Acceptable)
7304 Branchtree Drive
City Orlando FL Zip Code 32835-2712

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 Charles M. Smith Charles M. Smith 13 Apr 2004
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
Due By May 1, 2004

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

TITLE	PD	☐ Delete
NAME	SMITH, CHARLES	
STREET ADDRESS	7329 WOODBRIAR CT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPD	☐ Delete
NAME	MCGOWAN, JOHN	
STREET ADDRESS	4501 WOODLOT COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	SD	☐ Delete
NAME	FRUSH-TIM	
STREET ADDRESS	7361 WOODBRIAR COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	☐ Delete
NAME	PINCUS, BARBARA	
STREET ADDRESS	7217 BRANCH TREE DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	PD	☐ Delete
NAME	STONE, PAULA	
STREET ADDRESS	4471 WINDSMERE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	John McGowan	
STREET ADDRESS	4501 Woodlot Court	
CITY-ST-ZIP	Orlando, FL 32835-2712	
TITLE	VPD	☒ Change ☐ Addition
NAME	Gail L. Smith	
STREET ADDRESS	7304 Branchtree Drive	
CITY-ST-ZIP	Orlando, FL 32835-2712	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	Charles M. Smith	
STREET ADDRESS	7304 Branchtree Drive	
CITY-ST-ZIP	Orlando FL 32835-2712	
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)(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: Charles M. Smith, Director Charles M. Smith 13 Apr 2004 (407) 306-1587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #