

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																									
DOCUMENT # N12717 1. Corporation Name WINDERMERE HEIGHTS THIRD SECTION HOMEOWNERS ASSOCIATION INC.																																																																																											
Principal Place of Business 8120 OAK PARK ROAD ORLANDO FL 32819		Mailing Address 8120 OAK PARK RD ORLANDO FL 32819																																																																																									
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3. Date Incorporated or Qualified 12/23/1985		3a. Date of Last Report 5-1-96																																																																																									
4. FEI Number NOT APPLICABLE		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 MATTHEW L. HAYDEN 8100 OAK PARK ROAD ORLANDO FL 32819		10. Name and Address of New Registered Agent 81 Name JIM NOLAN 82 Street Address (P.O. Box Number is Not Acceptable) 8120 OAK PARK RD. 83 ORLANDO FL 32819 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 F. James Nolan DATE 2-17-97 Signature of registered agent or first name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																																																																																											
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>PRESIDENT/DIRECTOR ☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>MATHEW L. HAYDEN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>8100 OAK PARK ROAD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32819</td> </tr> <tr> <td>TITLE</td> <td>V/D ☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>GEORGE D. LAMAN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>8050 OAK PARK RD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32819</td> </tr> <tr> <td>TITLE</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	PRESIDENT/DIRECTOR ☒ DELETE	NAME	MATHEW L. HAYDEN	STREET ADDRESS	8100 OAK PARK ROAD	CITY-ST-ZIP	ORLANDO FL 32819	TITLE	V/D ☒ DELETE	NAME	GEORGE D. LAMAN	STREET ADDRESS	8050 OAK PARK RD	CITY-ST-ZIP	ORLANDO FL 32819	TITLE	☐ DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	☐ DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	☐ DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1.1 TITLE</td> <td>PRESIDENT/DIRECTOR ☒ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>JIM NOLAN</td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>8120 OAK PARK ROAD</td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>ORLANDO FL 32819</td> </tr> <tr> <td>2.1 TITLE</td> <td>DIRECTOR / VP ☐ Change ☒ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>BOB IGNATOWICZ</td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>8146 OAK PARK ROAD</td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>ORLANDO FL 32819</td> </tr> <tr> <td>3.1 TITLE</td> <td>SEC TREAS / DIRECTOR ☒ Change ☒ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>RICHARD L. STARCHER</td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>8121 OAK PARK ROAD</td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>ORLANDO FL 32819</td> </tr> <tr> <td>4.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	PRESIDENT/DIRECTOR ☒ Change ☐ Addition	1.2 NAME	JIM NOLAN	1.3 STREET ADDRESS	8120 OAK PARK ROAD	1.4 CITY-ST-ZIP	ORLANDO FL 32819	2.1 TITLE	DIRECTOR / VP ☐ Change ☒ Addition	2.2 NAME	BOB IGNATOWICZ	2.3 STREET ADDRESS	8146 OAK PARK ROAD	2.4 CITY-ST-ZIP	ORLANDO FL 32819	3.1 TITLE	SEC TREAS / DIRECTOR ☒ Change ☒ Addition	3.2 NAME	RICHARD L. STARCHER	3.3 STREET ADDRESS	8121 OAK PARK ROAD	3.4 CITY-ST-ZIP	ORLANDO FL 32819	4.1 TITLE	☐ Change ☐ Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	☐ Change ☐ Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	☐ Change ☐ Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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14. I do 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 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: F. James Nolan DATE 2-17-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																											

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