

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90206 033 ****70.00

DOCUMENT # *N13167*

1. Entity Name

Windsor Way Homeowners' Association, Inc.

Principal Place of Business

Mailing Address

12785-C Forest Hill Blvd
 Wellington, FL 33414

12785-C Forest Hill B.
 Wellington, FL 33414

00079918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

59-2639592

Not Applicable

Zip

Country

Zip

Country

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

Mike Nelson
 12765 W. Forest Hill Blvd.
 #1302
 Wellington, FL 33414

Name

Earl Oltzky c/o Wellington Mgmt

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

12785-C Forest Hill Blvd.

City

Wellington

FL

Zip Code

33414

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

Earl K. Oltzky

8/2/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
FEE IS \$81.25

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 *R*
 NAME *Sites, Claude* Delete
 STREET ADDRESS *12765 W. Forest Hill Blvd.*
 CITY-ST-ZIP *Wellington, FL 33414*

TITLE *SD*
 NAME *Alexander, Douglas* Change Addition
 STREET ADDRESS *2499 Windsor Way Ct.*
 CITY-ST-ZIP *Wellington, FL 33414*

TITLE *SD*
 NAME *Alexander, Douglas* Delete
 STREET ADDRESS *12765 W. Forest Hill Blvd.*
 CITY-ST-ZIP *Wellington, FL 33414*

TITLE *PD*
 NAME *Levin, Morton* Change Addition
 STREET ADDRESS *2555 Windsor Way Ct.*
 CITY-ST-ZIP *Wellington, FL 33414*

TITLE *PD*
 NAME *Levin, Morton* Delete
 STREET ADDRESS *12765 W. Forest Hill Blvd.*
 CITY-ST-ZIP *Wellington, FL 33414*

TITLE *TD*
 NAME *McGovern, William* Change Addition
 STREET ADDRESS *2539 Windsor Way Ct.*
 CITY-ST-ZIP *Wellington, FL 33414*

TITLE *TD*
 NAME *McGovern, William* Delete
 STREET ADDRESS *12765 W. Forest Hill Blvd.*
 CITY-ST-ZIP *Wellington, FL 33414*

TITLE *VD*
 NAME *Hartigan, James* Change Addition
 STREET ADDRESS *2577 Shellingham Dr.*
 CITY-ST-ZIP *Wellington, FL 33414*

TITLE *VD*
 NAME *Hardigan, James* Delete
 STREET ADDRESS *12765 W. Forest Hill Blvd.*
 CITY-ST-ZIP *Wellington, FL 33414*

TITLE *D*
 NAME *Prant, Dick* Change Addition
 STREET ADDRESS *2442 Windsor Way Ct.*
 CITY-ST-ZIP *Wellington, FL 33414*

TITLE *AS*
 NAME *Nelson, Michael* Delete
 STREET ADDRESS *12765 W. Forest Hill Blvd.*
 CITY-ST-ZIP *Wellington, FL 33414*

TITLE *D*
 NAME *Topping, Tracy* Change Addition
 STREET ADDRESS *2395 Windsor Way Ct.*
 CITY-ST-ZIP *Wellington, FL 33414*

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:

Walter O. Nelson

8/16/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #