

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90124 026 \*\*\*\*61.25

**DOCUMENT # N25945**

1. Entity Name

**WINGROVE ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 1323  
WINDERMERE FL 34786  
US

Mailing Address

P.O. BOX 1323  
WINDERMERE FL 34786  
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 **59-2903158**

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

**ELLIOTT, STEPHEN M**  
**8021 LANDGROVE CT.**  
**ORLANDO FL 32819**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

*Stephen Elliott*

*3/27/03*

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ELLIOTT, STEPHEN  
STREET ADDRESS 8021 LANDGROVE CT.  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE VPD  
NAME ZASOWSKI, DANIEL  
STREET ADDRESS 8045 LANDGROVE CT.  
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE VPD  
NAME *Stanford, Cindy*  
STREET ADDRESS *8003 LANDGROVE CT*  
CITY-ST-ZIP *ORLANDO, FL 32819* ☒ Change ☐ Addition

TITLE SD  
NAME CHIRAFISI, MANDY  
STREET ADDRESS 4831 WINGROVE BLVD.  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE T  
NAME PHILLIPS, KITTY  
STREET ADDRESS 8030 CITRON CT  
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE ☒ Change ☐ Addition  
NAME *Lowry, Clay*  
STREET ADDRESS *8015 LANDGROVE CT*  
CITY-ST-ZIP *ORLANDO, FL 32819*

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)(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:

*Stephen Elliott*

*3/27/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)