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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40073** **(1)**

1. Corporation Name
WINDING CREEK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2170 SR 434 W STE. 384 LONGWOOD FL 32779 US	2170 SR 434 W STE. 384 LONGWOOD FL 32779 US

3. Date Incorporated or Qualified: 09/05/1990

4. FEI Number: 59-3111368 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 915 RIVER WIND AVE.	26 PO BOX 691316
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO FL	City & State 28 ORLANDO FL
Zip 24 32825 Country 25 US	Zip 29 32869-1316 Country 30 US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAMPBELL, MARILYN C. REMAX CENTRAL PROPERTY MGMT 2170 SR 434 W, STE. 384 LONGWOOD FL 32779	81 Name: MICHAEL LEQVE 82 Street Address (P.O. Box Number is Not Acceptable): 7828 WHITE ASH ST 83 84 City: ORLANDO FL 85 Zip Code: 32819

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: Michael Leqve MICHAEL LEQVE PROPERTY MANAGER 4/28/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	JONES, LINDA		1.2 NAME	LORRAINE ROBINSON	
STREET ADDRESS	823 LITTLE CREEK ROAD		1.3 STREET ADDRESS	819 CLOYD DAIRY LOOP	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	STD	☒ DELETE	2.1 TITLE	S, T, D	☐ Change ☒ Addition
NAME	HILL, ED		2.2 NAME	CARLOS CUEVAS	
STREET ADDRESS	823 LITTLE CREEK RD		2.3 STREET ADDRESS	950 CLOYD DAIRY LOOP	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	VD	☒ DELETE	3.1 TITLE	VP, D	☐ Change ☒ Addition
NAME	JOHNSON, MICHAEL		3.2 NAME	LISA O'MEARA	
STREET ADDRESS	810 LITTLE CREEK RD.		3.3 STREET ADDRESS	830 CLOYD DAIRY LOOP	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	☐ DELETE	4.1 TITLE	P, D	☒ Change ☐ Addition
NAME	PINTER, RENE		4.2 NAME		
STREET ADDRESS	915 RIVER WIND AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	32825	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	MANUEL COUVERTIER	
STREET ADDRESS			5.3 STREET ADDRESS	10332 LITTLE ECON ST.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: [signature] 4/28/98 407-380-6395