

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
 03-15-2001 90009 014 ****61.25

DOCUMENT # N40073

1. Entity Name

WINDING CREEK OWNERS ASSOCIATION, INC.

Principal Place of Business

~~10319~~ WOODSTREAM COURT
 ORLANDO FL 32825
 US

Mailing Address

POB 691316
 ORLANDO FL 32869-1316
 US

2. Principal Place of Business

10318 WOOD STREAM COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3111368

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

LEQVE, MICHAEL
 7828 WHITE ASH ST
~~2170 SR 434 W, STE. 384~~
 ORLANDO FL 32819

Change

Name

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

7828 WHITE ASH ST

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.

SIGNATURE

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**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP MARSTON, ROBERT 10313 WOODSTREAM CT ORLANDO FL 32825	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUVERTIER, M 10332 LITTLE ECON ST ORLANDO FL 32825	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, KEN 927 LITTLE CREEK RD ORLANDO FL 32825	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MURPHY, PHYLLIS 10318 WOODSTREAM COURT ORLANDO FL 32825	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARICK, AUTUMN 10343 WINDING CREEK LANE ORLANDO FL 32825	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D [Signature]	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D KEVIN BUB 1025 LITTLE CREEK RD ORLANDO FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D IAN MAUSER 994 LITTLE CREEK RD ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Kenneth H. Ramos* **NATURE:** *President* **DATE:** *3/7/01* **DAYTIME PHONE #:** *407 249-2721*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)