

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40073

1. Entity Name

WINDING CREEK OWNERS ASSOCIATION, INC.

Principal Place of Business

10318 WOOD STREAM COURT
ORLANDO FL 32825
US

Mailing Address

POB-601316
ORLANDO-FL 32869-1316
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

40 LIGHTHOUSE MGMT.

Suite, Apt. #, etc.

PO BOX 0774

City & State

WINDERMERE, FL

Zip

34786-0774

Country

US

6. Name and Address of Current Registered Agent

LEOVE, MICHAEL
7828 WHITE ASH ST
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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.

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

TITLE VPD
NAME BUB, KEVIN ☒ Delete
STREET ADDRESS 1025 LITTLE CREEK RD
CITY-ST-ZIP ORLANDO FL 32825

TITLE PD
NAME RAMOS, KEN ☐ Delete
STREET ADDRESS 927 LITTLE CREEK RD
CITY-ST-ZIP ORLANDO FL 32825

TITLE DT
NAME MURPHY, PHYLLIS ☐ Delete
STREET ADDRESS 10318 WOODSTREAM COURT
CITY-ST-ZIP ORLANDO FL 32825

TITLE VPD
NAME MANSER, IAN ☐ Delete
STREET ADDRESS 994 LITTLE CREEK RD
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME MIKE JOHNSON
STREET ADDRESS 810 LITTLE CREEK RD
CITY-ST-ZIP ORLANDO, FL 32825

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

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

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

TITLE D ☐ Change ☒ Addition
NAME BOB WILLIAMS
STREET ADDRESS 10360 WOODSTREAM COURT
CITY-ST-ZIP ORLANDO, FL 32825

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:

Phyllis Murphy

1/9/02

400-342-7390



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)