

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

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90059 034 \*\*\*\*61.25

**DOCUMENT # N40073**

1. Entity Name  
**WINDING CREEK OWNERS ASSOCIATION, INC.**



Principal Place of Business  
~~10018 WOOD STREAM COURT~~  
~~ORLANDO FL 32825~~  
US

Mailing Address  
~~C/O LIGHTHOUSE MGMT~~  
~~PO BOX 0774~~  
~~WINDERMERE FL 34706 0774~~  
US

**11006217**



2. Principal Place of Business

3. Mailing Address

**PENN FIRST  
MANAGEMENT INC  
1813 N.DEAN RD  
ORLANDO FL 32817**

**PENN-FIRST  
MANAGEMENT INC  
1813 N.DEAN RD  
ORLANDO FL 32817**

☒ CHECK HERE IF MAKING CHANGES

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

~~LEQUE, MICHAEL~~  
~~7826 WHITE ACH ST~~  
~~ORLANDO FL 32813~~

Name  
**PENN FIRST**  
Street  
**MANAGEMENT INC**  
**1813 N.DEAN RD**  
City  
**ORLANDO FL 32817**  
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 **LAWRENCE SHEELER**  
Signature, typed or printed name of registered agent and title if applicable.

**LAWRENCE SHEELER**

**4/8/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ~~D~~ ☐ Change ☒ Addition  
NAME **WILLIS, JOHN**  
STREET ADDRESS **508 RIVECON AVE**  
CITY-ST-ZIP **ORLANDO, FL 32825**

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

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

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

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

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

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

TITLE ~~D~~ ☒ Delete  
NAME ~~WILLIAMS, BOB~~  
STREET ADDRESS ~~10360 WOODSTREAM CT~~  
CITY-ST-ZIP ~~ORLANDO FL 32825~~

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:

**SIGNATURE REQUIRED**

**April 15, 2003 407 963-4339**

CR2E037 (10/02)