

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90084 025 ****61.25

DOCUMENT # N40314

1. Entity Name
 WINDERMERE
SUNSET LAKES OF WINDEMERE HOMEOWNERS' ASSOCIATIO

Please correct



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 P O BOX 691316 P O BOX 691316
 ORALNDO FL 32869-1316 ORALNDO FL 32869-1316
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3179181** Applied For
 Not Applicable

Zip Country Zip Country 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

~~RAMSEY, TIM
 13392 SUNSET LAKES CIR
 WINTER GARDEN, FL 34787~~

Name **MICHAEL LEQUE**
 Street Address (P.O. Box Number is Not Acceptable)
7828 WHITE ASH ST
 City **ORLANDO** FL Zip Code **32819**

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 *Michael Leque* **MICHAEL LEQUE, MANAGER** 1/12/2000
 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 | PD RAMSEY, TIM 13392 SUNSET LAKES CIR WINTER GARDEN FL 34787 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HALLGREN, VALERIE 13440 SUNSET LAKES CIR WINTER GARDEN FL 34787 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD TOMLIN, RICHARD 13668 SUNSET LAKES CIR WINTER GARDEN FL 34787 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D APPLEGET, PATTY 3217 HIDDEN LAKES DR WINTER GARDEN FL 34787 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PINELLI, LEN 13597 SUNSET LAKES CIR WINTER GARDEN FL 34787 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TOM MURRAY 13542 SUNSET LAKES CIRCLE WINTER GARDEN, FL 34787 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD TOM GAUGER 13001 SHADOW POND COURT WINTER GARDEN, FL 34787 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD AMY GRAFT 3106 SHADOW POND TERRACE WINTER GARDEN, FL 34787 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JOE VANDAM 13013 SHADOW POND COURT WINTER GARDEN, FL 34787 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICH PENCE 13615 SUNSET LAKES CIRCLE WINTER GARDEN, FL 34787 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date Daytime Phone #

CR2E037 (9/99)