

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41499

1. Entity Name

WINDERMERE RESERVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

HORIZON CIRCLE  
WINDERMERE FL 34786  
US

Mailing Address

P O BOX 1262  
WINDERMERE FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2334884

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

RUSSELL, R.L.  
537 NORTH MAGNOLIA AVENUE  
ORLANDO FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS SPALDING, HUGHES  
CITY-ST-ZIP 7135 HORIZON CIRCLE  
WINDERMERE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME T  
STREET ADDRESS KALIDAS, DINESHKUMAR  
CITY-ST-ZIP 7075 HORIZON CIRCLE  
WINDERMERE FL 34786

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME S  
STREET ADDRESS CLARK, KAREN L  
CITY-ST-ZIP 7105 HORIZON CIRCLE  
WINDERMERE FL 34786

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME VP  
STREET ADDRESS AMMAR, DAN  
CITY-ST-ZIP 7085 HORIZON CIRCLE  
WINDERMERE FL 34786

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME D  
STREET ADDRESS RICCI, ROBERT  
CITY-ST-ZIP 7086 HORIZON CIRCLE  
WINDERMERE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME VP  
STREET ADDRESS MENTA, VIPIN  
CITY-ST-ZIP 9043 KERR COURT  
ORLANDO FL 34786

☐ Delete

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:

*DINESH KALIDAS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2001

Date

407-363-0332

Daytime Phone #

FILED  
Mar 16, 2001 8:00 am  
Secretary of State

03-16-2001 90063 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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