

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90146 029 \*\*\*\*61.25



**DOCUMENT # N41981**

1. Entity Name  
**WINTER HILL HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
P.O. BOX 616104  
ORLANDO FL 32861-6104  
US

Mailing Address  
P.O. BOX 616104  
ORLANDO FL 32861-6104  
US



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3050963**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~WILLIAMS~~  
~~BROCKETT, BONNIE~~  
~~375 KILLINGTON WAY~~  
~~ORLANDO FL 32835~~

**STEPHEN APPOO**  
**347 SNOWSHOE CT**  
**ORL FL 32835**

7. Name and Address of New Registered Agent  
Name **STEPHEN APPOO**  
Street Address (P.O. Box Number is Not Acceptable)  
**347 SNOWSHOE CT**  
City **ORL** FL Zip Code **32835**

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROMANS, TOM</b>	
STREET ADDRESS	<b>318 KILLINGTON WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE	<b>V Williams</b>	<input type="checkbox"/> Delete
NAME	<b>BROCKETT, BONNIE</b>	
STREET ADDRESS	<b>375 KILLINGTON WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COLBERT, NOREEN</b>	
STREET ADDRESS	<b>381 KILLINGTON WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>APPOO, STEPHEN</b>	
STREET ADDRESS	<b>347 SNOWSHOE COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, NATE</b>	
STREET ADDRESS	<b>8019 ADDISON COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRANKLIN, SCOTT</b>	
STREET ADDRESS	<b>318 SNOWSHOE COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>113 Killington way</b>	
STREET ADDRESS	<b>Orlando FL 32835</b>	
CITY-ST-ZIP	<b>Tracy BOXX</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the same empowers.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-21-03**

**407-836-4897**

Date Daytime Phone

CR2E037 (10/02)