1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N94000003116

1. Corporation Name

## Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90068 023 \*\*\*\*70.00

WINDSO	DR OAKS HOMEOWNERS	ASSOCIATION, INC.								
Principal Place of Business Mailing Address					<u> </u>	1			•	
P.O. BOX 450182 P.O. BOX 450182 1621 EMILY COURT KISSIMMEE FL 34744 KISSIMMEE FL 34744										
2. Principal P	lace of Business	2a. Mailing Address				3. Date Inc	orporated or Qualife	d		
21	<del>-,</del>					06/17/	1994			
Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Nun			<u> </u>	lied For
22 27						-59-26	29453=			Applicable
City & State City & State						5. Certifcat	e of Status Desired	12	<b>\$8.75</b> A	
23 Zin	Country	28	Zip Country			6 Flatian	Compaign Financia			
Zip	— — — — — — — — — — — — — — — — — — —			6. Election Campaign Trust Fund Contribu				- 11		
24	25   29   30   9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name					
CENEMOS	SE B V		ŀ	82	Street Addre	ss (P.O. Box I	Number is Not Accer	otable)		
FENEMORE, R.A. 1621 EMILY COURT			l		Guccinadi			·,		
KISSIMMEE FL 34744			[	83	33					
1.1.0011111111			Ì	84	City			FI	85 Zip C	ode
AA D					anaman come	paraction pubmits this statement for the number of changing its registered				
office or r	to the provisions of Sections 617.0 registered agent, or both, in the Starm familiar with, and accept the obli	te of Florida. Such change was at	utnonzea	ו עם	the corporatio	n's board of di	rectors. I hereby acc	ept the appo	ointment as reg	istered
SIGNATURE								DATE		
12.	Signature, typed or printed name of registered	gent and title if applicable. (NOTE: AND DIRECTORS	Registered /	Agent	t signature required		NS/CHANGES TO C		ND DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TIT	LE	T				Change	Addition
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NAME			2.2 NA	2.2 NAME						ı
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STREET ADDRESS	TOET CHIEF COOK			3.3 STREET ADDRESS						
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TITLE. NAME		_ =====================================	6.2 NA							_
STREET ADDRESS			•		TADDRESS					
ALUCEI VADRUESO	<b>\</b>		1		4					1

14. 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 annual report or supplemental annual 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 12 or Block 13 of changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

ATURE REQUIRED