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

FILED
May 01, 2002 8:00 am
Secretary of State

03-20-2002 90032 016 ****61.25
05-01-2002 91565 016 ****61.25

DOCUMENT # N94000003116

1. Entity Name

WINDSOR OAKS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3485 W. Vine St.	3485 W. Vine St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34741 Country:	Zip: 34741 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2629453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Walter M. Arena

Street Address (P.O. Box Number is Not Acceptable): Arena Management Group, Inc.
3485 W. Vine St.

City: Kissimmee FL Zip Code: 34741

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PD
NAME	Marte, Heriberto
STREET ADDRESS	1631 Windsor Oak Ct.
CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	VD
NAME	Plourde, Jean
STREET ADDRESS	1632 Windsor Oaks Ct.
CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	TD
NAME	Webb, Linda
STREET ADDRESS	1618 Windsor Oaks Ct.
CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	SD
NAME	Konitski, Charlie
STREET ADDRESS	1616 Windsor Oaks Ct.
CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	D
NAME	Alberti, Carlos
STREET ADDRESS	1609 Emily Ct.
CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jean Plourde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #