

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90018 044 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                                                                                                                                                                                   |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>DOCUMENT # N94000003116</b><br>1. Entity Name<br><b>WINDSOR OAKS HOMEOWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                                                                                                                                                                                   |                                                                        |
| Principal Place of Business<br>101 PARK PLACE BLVD<br>SUITE 2<br>KISSIMMEE, FL 34741                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | Mailing Address<br>101 PARK PLACE BLVD<br>SUITE 2<br>KISSIMMEE, FL 34741                                                                                                                                                                          |                                                                        |
| 2. Principal Place of Business<br>101 Park Place Blvd.<br>Suite, Apt. #, etc.<br><b>Suite 2</b><br>City & State<br><b>Kissimmee, FL</b><br>Zip<br><b>34741</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           | 3. Mailing Address<br>101 Park Place Blvd.<br>Suite, Apt. #, etc.<br><b>Suite 2</b><br>City & State<br><b>Kissimmee, FL</b><br>Zip<br><b>34741</b>                                                                                                |                                                                        |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | Country<br><b>USA</b>                                                                                                                                                                                                                             |                                                                        |
| 4. FEI Number<br><b>59-2629453</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                            |                                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | \$8.75 Additional Fee Required                                                                                                                                                                                                                    |                                                                        |
| 6. Name and Address of Current Registered Agent<br><b>ARENA, WALTER M</b><br><b>101 PARK PLACE BLVD</b><br><b>SUITE 2</b><br><b>KISSIMMEE, FL 34741</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | 7. Name and Address of New Registered Agent<br>Name<br><b>ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL, INC.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>101 PARK PLACE BLVD.</b><br><b>SUITE 2</b><br>City<br><b>KISSIMMEE</b> |                                                                        |
| State<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | Zip Code<br><b>34741</b>                                                                                                                                                                                                                          |                                                                        |
| 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 <u><i>Heriberto Marte</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | DATE <u>2/25/04</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                |                                                                        |
| Filing Fee is \$61.25<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                   |                                                                        |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                        |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>HERIBERTO, MARTE<br>1631 WINDSOR OAK CT<br>KISSIMMEE, FL 34744      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                    | TD<br>Julissa Morganti<br>1638 Windsor Oak Court<br>Kissimmee FL 34744 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>PLOURDE, JEAN<br>1632 WINDSOR OAKS COURT<br>KISSIMMEE, FL 34744     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                    | VP<br>Lourdes Casanova<br>1627 Windsor Oak Court<br>Kissimmee FL 34744 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>WEBB, LINDA<br>1618 WINDSOR OAKS COURT<br>KISSIMMEE, FL 34744       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                    | Change <input type="checkbox"/> Addition <input type="checkbox"/>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>KONITSKI, CHARLIE<br>1616 WINDSOR OAKS COURT<br>KISSIMMEE, FL 34744 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                    | Change <input type="checkbox"/> Addition <input type="checkbox"/>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>ALBERTI, CARLOS<br>1609 WINDSOR OAKS COURT<br>KISSIMMEE, FL 34744    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                    | Change <input type="checkbox"/> Addition <input type="checkbox"/>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Change <input type="checkbox"/> Addition <input type="checkbox"/>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                    | Change <input type="checkbox"/> Addition <input type="checkbox"/>      |
| 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: <u><i>Heriberto Marte</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | DATE <u>2/4/04</u><br><small>Date</small>                                                                                                                                                                                                         |                                                                        |

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