

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91779 013 ****61.25

DOCUMENT # N94000003116

1. Entity Name

WINDSOR OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**3485 W VINE ST
KISSIMMEE FL 34741**

Mailing Address

**3485 W VINE ST
KISSIMMEE FL 34741**

2. Principal Place of Business

**101 PARK PLACE BLVD
Suite, Apt. #, etc.
SUITE 2**

3. Mailing Address

**101 PARK PLACE BLVD
Suite, Apt. #, etc.
SUITE 2**

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34741 OSCEOLA

Country

Zip

34741 OSCEOLA

Country

4. FEI Number **59-2629453**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARENA, WALTER M
ARENA MANAGEMENT GROUP INC
3485 W VINE ST
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name

ARENA, WALTER
Street Address (P.O. Box Number is Not Acceptable)

101 PARK PLACE BLVD SUITE 2
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. 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 ☐ Delete
NAME **PD**
STREET ADDRESS **HERIBERTO, MARTE**
CITY-ST-ZIP **1631 WINDSOR OAK CT
KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **PLOURDE, JEAN**
CITY-ST-ZIP **1632 WINDSOR OAKS COURT
KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **WEBB, LINDA**
CITY-ST-ZIP **1618 WINDSOR OAKS COURT
KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **KONITSKI, CHARLIE**
CITY-ST-ZIP **1616 WINDSOR OAKS COURT
KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALBERTI, CARLOS**
CITY-ST-ZIP **1609 WINDSOR OAKS COURT
KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)