

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1996-1296 B 1016 C

DOCUMENT # N09393 (2)

1. Corporation Name

WOODLANDS OF WINDERMERE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7306 WOODKNOT COURT  
P.O. BOX 616045  
ORLANDO FL 32861-6045  
US

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P.O. BOX 616045  
ORLANDO FL 32861-6045  
US



3. Date Incorporated or Qualified

05/21/1985

3a. Date of Last Report

04/07/1995

4. FEI Number

59-2538868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILES, MUSA  
7306 WOODKNOT CT.  
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE MUSA WILES

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when re-stating)

DATE 2/6/96

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	LEACOCK, SHEILA	
STREET ADDRESS	7345 WOODBRIAR CT.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GAIL	
STREET ADDRESS	7304 BRANCHTREE DRIVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILES, MUSA	
STREET ADDRESS	7306 WOODKNOT CT.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BORKES, NANCY	
STREET ADDRESS	7338 WOODBRIAR CT.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	HUSSY, HOLLY
2.4 CITY - ST - ZIP	7358 WOODKNOT CT. ORLANDO, FL 32835
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ST
4.3 STREET ADDRESS	REESE, DONNA
4.4 CITY - ST - ZIP	7301 FORESTWOOD CT. ORLANDO, FL 32835
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: MUSA WILES *Musa Wiles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Date

407-299-9915

Daytime Phone #

CR2E037 (12/95)