

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N43902** (8)

1. Corporation Name

WINDSOR HILL OF PORT ORANGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1380 SURREY PARK DR
PORT ORANGE FL 32124
US**

**1380 SURREY PARK DR
PORT ORANGE FL 32124
US**

3. Date Incorporated or Qualified
06/18/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, MICHAEL L.
1379 HYDE PARK DR
PORT ORANGE FL 32124**

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

Michael L. Harris
Signature, typed or printed name of registered agent and title if applicable.

MICHAEL L. HARRIS

(NOTE: Registered Agent signature required when reinstating)

4-10-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, JOHANNA	
STREET ADDRESS	1372 SWEMBLEX	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYERS, DAVE	
STREET ADDRESS	1376 HYDE PARK	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOTO, MARY	
STREET ADDRESS	1353 N. WEMBLEY	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DORSTEN, JAMES	
STREET ADDRESS	1380 SURREY PARK DR	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, JEFFE	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONALD WOLFE	
1.3 STREET ADDRESS	1381 HYDE PARK DR	
1.4 CITY - ST - ZIP	PT ORANGE FL 32124	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MEYERS, DAVE	
2.3 STREET ADDRESS	1376 HYDE PARK DR	
2.4 CITY - ST - ZIP	PT ORANGE FL 32124	
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SUMNER, JEFF	
5.3 STREET ADDRESS	1385 HYDE PARK DR	
5.4 CITY - ST - ZIP	PT ORANGE FL 32124	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MEDICO, ALAN	
6.3 STREET ADDRESS	1394 S WEMBLEY CIRCLE	
6.4 CITY - ST - ZIP	PT ORANGE FL 32124	

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:

James Dorsten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

Daytime Phone #

CR2E037 (12/95)