

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40073

(1)

1. Corporation Name

WINDING CREEK OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

912 NORTH HIGHLAND AVENUE
ORLANDO FL 32803-3205

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ORLANDO FL 32803-3205

3. Date Incorporated or Qualified
09/05/1990

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3111368

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHIS, JEAN C.
912 NORTH HIGHLAND AVENUE
ORLANDO FL 32803

81 Name

Anthony C. Martin

82

Street Address (P.O. Box Number is Not Acceptable)
912 N Highland Avenue

83

84

City
Orlando

FL

85 Zip Code
32803

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME RICH, A. WAYNE
STREET ADDRESS 912 NORTH HIGHLAND AVE.
CITY-ST-ZIP ORLANDO FL

11 TITLE PD ☐ Change ☐ Addition
12 NAME Douglas, Sharon
13 STREET ADDRESS 811 Little Creek Road
14 CITY-ST-ZIP Orlando, FL

TITLE VD ☒ DELETE
NAME MATHIS, JEAN C.
STREET ADDRESS 912 NORTH HIGHLAND AVE.
CITY-ST-ZIP ORLANDO FL

21 TITLE VD ☐ Change ☐ Addition
22 NAME Jones, Linda
23 STREET ADDRESS 823 Little Creek Road
24 CITY-ST-ZIP Orlando, FL

TITLE STD ☒ DELETE
NAME EDWARDS, JUDITH A.
STREET ADDRESS 912 NORTH HIGHLAND AVE.
CITY-ST-ZIP ORLANDO FL

31 TITLE VD ☐ Change ☒ Addition
32 NAME Agrait, Jerry
33 STREET ADDRESS 944 Cloyd Dairy Loop
34 CITY-ST-ZIP Orlando, FL

TITLE PD ☐ DELETE
NAME DOUGLAS, SHARON
STREET ADDRESS 811 LITTLE CREEK ROAD
CITY-ST-ZIP ORLANDO FL

41 TITLE TD ☐ Change ☒ Addition
42 NAME Salati, Tiffany
43 STREET ADDRESS 10233 Winding Creek Lane
44 CITY-ST-ZIP Orlando, FL

TITLE VD ☐ DELETE
NAME JONES, LINDA
STREET ADDRESS 823 LITTLE CREEK ROAD
CITY-ST-ZIP ORLANDO FL

51 TITLE SD ☐ Change ☒ Addition
52 NAME Hill, Deidre
53 STREET ADDRESS 817 Little Creek Road
54 CITY-ST-ZIP Orlando, FL

TITLE VD ☒ DELETE
NAME ROBINSON, LORRAINE
STREET ADDRESS 819 CLOYD DAIRY LOOP
CITY-ST-ZIP ORLANDO FL

61 TITLE ☐ Change ☐ Addition
62 NAME 500001872645
63 STREET ADDRESS -06/24/96--01023--011
64 CITY-ST-ZIP ***\$1.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3-23-96 407 382 8333

CR2E037 (12/95)