

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32803-3205912 NORTH HIGHLAND AVENUE
ORLANDO FL 32803-32053. Date Incorporated or Qualified
09/05/19903a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 2170 SR 434 W

2a. Mailing Address

26 2170 SR 434 W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 384

City & State

City & State

23 Longwood FL

Zip

Country

24 32779

25 USA

City & State

28 Longwood FL

Zip

29 32779

Country

30 USA

4. FEI Number

59-3111368

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, ANTHONY C
912 NORTH HIGHLAND AVENUE
ORLANDO FL 32803

81 Name

Marilyn C. Campbell

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

RE/MAX Central Property Mgmt

83

2170 SR 434 W Suite 384

84 City

Longwood

FL

85 Zip Code

32779

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

Marilyn Campbell
Signature typed or printed name of registered agent and full if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS, SHARON	
STREET ADDRESS	811 LITTLE CREEK ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, LINDA	
STREET ADDRESS	823 LITTLE CREEK ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	AGRAIT, JERRY	
STREET ADDRESS	944 CLOYD DAIRY LOOP	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS, SHARON	
STREET ADDRESS	811 LITTLE CREEK ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, LINDA	
STREET ADDRESS	823 LITTLE CREEK ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SALATI, TIFFANY	
STREET ADDRESS	10233 WINDING CREEK LANE	
CITY-ST-ZIP	ORLANDO FL	

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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hill, Ed
3.3 STREET ADDRESS	823 Little Creek Road
3.4 CITY-ST-ZIP	Orlando FL 32825
4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Johnson, Michael
4.3 STREET ADDRESS	810 Little Creek Road
4.4 CITY-ST-ZIP	Orlando FL 32825
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pinter, Rene
5.3 STREET ADDRESS	915 River Wind Avenue
5.4 CITY-ST-ZIP	Orlando FL 32825
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda L. Turley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 (407) 649-9111 x1203
Date Daytime Phone # 0016303

CR2E037 (9/96)