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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

WILES, MUSA
7306 WOODKNOT CT.
ORLANDO FL 32835

3. Date Incorporated or Qualified

05/21/1985

4. FEI Number

59-2538868

Applied For

Not Applicable

6. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

Yes ☐ No ☒

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

Yes ☐ No ☒

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	XXDELETE
NAME	LEACOCK, SHEILA	
STREET ADDRESS	7345 WOODBRIAR CT.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRASKY, DON	
STREET ADDRESS	7329 WOODBRIAR CT.	
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 type="checkbox"/> DELETE
NAME	REESE, DONNA	
STREET ADDRESS	7301 FORESTWOOD COURT	
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	AMY CAHIR P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AMY CAHIR	
1.3 STREET ADDRESS	4309 WOODTREE LN.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32835	

2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOEL SAWYER	
2.3 STREET ADDRESS	7335 WOODGLEN CT.	
2.4 CITY-ST-ZIP	ORLANDO, FL 32835	

3.1 TITLE	T/O	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	NEW 4/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RENEE SIMPSON	
4.3 STREET ADDRESS	7336 BRANCHTREE DR.	
4.4 CITY-ST-ZIP	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

2/9/98

407-299-9915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 407-299-9915

CR2E037 (10/97)