

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Sep 10 1998 8:00am  
Secretary of State

DOCUMENT # N43902

(8)

1. Corporation Name

WINDSOR HILL OF PORT ORANGE HOMEOWNERS' ASSOCIAT  
ION, INC.

Principal Place of Business

Mailing Address

1394 S. WEMBLEY CR.  
PORT ORANGE FL 32124  
US

1394 S. WEMBLEY CR.  
PORT ORANGE FL 32124  
US

3. Date Incorporated or Qualified

06/18/1991

4. FEI Number

59-3114823

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYERS, DAVID  
1376 HYDE PARK  
PORT ORANGE FL 32124

81 Name

DON WOLFE

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

1381 HYDE PARK DRIVE

83

84 City

PT. ORANGE

FL

85 Zip Code  
32124

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME DONALD WOLFE  
STREET ADDRESS 1381 HYDE PARK DR  
CITY-ST-ZIP PT. ORANGE FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

VD  
DONALD WOLFE  
1381 HYDE PARK  
PT. ORANGE FL

☒ Change ☐ Addition

TITLE PD  
NAME MEYERS, DAVE  
STREET ADDRESS 1376 HYDE PARK  
CITY-ST-ZIP PORT ORANGE FL

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VD  
JEFFREY SILLS  
1397 SURREY PARK DR.  
PT. ORANGE FL

☐ Change ☒ Addition

TITLE D  
NAME SOTO, MARY  
STREET ADDRESS 1353 N. WEMBLEY  
CITY-ST-ZIP PORT ORANGE FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME MEDICO, ALAN  
STREET ADDRESS 1394 S. WEMBLEY CIR.  
CITY-ST-ZIP PORT ORANGE FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME JEFF SUMNER  
STREET ADDRESS 1385 HYDE PARK DRIVE  
CITY-ST-ZIP PT. ORANGE FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/2/98

760-8392

CR2E037 (5/98)