

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90097 050 ****61.25

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DOCUMENT # 768060

1. Corporation Name

WINDTREE GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

42 WINDTREE LANE
WINTER GARDEN FL 34787

42 WINDTREE LANE
WINTER GARDEN FL 34787



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

3. Date Incorporated or Qualified

04/20/1983

4. FEI Number

59-2472522

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

9. Name and Address of Current Registered Agent

MCCULLOH, NEAL
220 NO. PALMETTO AVE.
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

McCulloh, Neal

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

1065 Maitland Center Commons Blvd.

83

84 City

Maitland

FL

85 Zip Code

32751

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 ☐ DELETE
NAME P
STREET ADDRESS FORCE, FRANCIS B.
CITY-ST-ZIP 2812 KELLY PARK RD.
APOPKA FL

TITLE ☐ DELETE
NAME S
STREET ADDRESS BROWN EDNA
CITY-ST-ZIP 182 WINDTREE LANE
WINTER GARDEN FL

TITLE ☐ DELETE
NAME T
STREET ADDRESS KOSS, SUZANNE
CITY-ST-ZIP 80 WINDTREE LANE
WINTER GARDEN FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS BOOZER, JOHN
CITY-ST-ZIP 77 WINDTREE LANE
WINTER GARDEN FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS PATE, DAVE
CITY-ST-ZIP 106 WINDTREE LANE
WINTER GARDEN FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS BURDICK, FRANCES
CITY-ST-ZIP 139 WINDTREE LANE
WINTER GARDEN FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUZANNE KOSS, TREASURER 1/4/99 (407) 656-8450

CR2E037 (11/98)