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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000000472

1. Corporation Name

WINFIELD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

401 W COLONIAL DR
SUITE 7
ORLANDO FL 32804

Mailing Address

401 W COLONIAL DR
SUITE 7
ORLANDO FL 32804



2. Principal Place of Business

21 **1770 Bobtail Drive**

2a. Mailing Address

26 **1770 Bobtail Drive**

3. Date Incorporated or Qualified

01/31/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3325590

Applied For

Not Applicable

City & State

23 **Orlando, Florida**

City & State

28 **Orlando, Florida**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 **32810** 25 **U.S.**

Zip

Country

29 **32810** 30 **U.S.**

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FANT, JAMES H
401 W COLONIAL DR
SUITE 7
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

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

83

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 ☐ DELETE

TITLE **PD**
NAME **FANT, JAMES H**
STREET ADDRESS **401 W COLONIAL DR SUITE 7**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **STD**
NAME **CONANT, ELIZABETH**
STREET ADDRESS **401 W. COLONIAL DRIVE SUITE 7**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D**
NAME **LEGG, VERA**
STREET ADDRESS **401 W. COLONIAL DRIVE STE 7**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Richard Best** ☒ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **1770 Bobtail Drive**
1.4 CITY-ST-ZIP **Orlando, Florida 32810**

2.1 TITLE **STD** ☒ Change ☐ Addition
2.2 NAME **Mazzu, Sinamore**
2.3 STREET ADDRESS **1764 Bobtail Drive**
2.4 CITY-ST-ZIP **Orlando, Florida**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Cirillo, Brian**
3.3 STREET ADDRESS **1770 Bobtail Drive**
3.4 CITY-ST-ZIP **Orlando, Florida 32810**

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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Date

407-475-0797

Daytime Phone #

CR2E037 (11/98)