

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
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90058 030 ****61.25

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DOCUMENT # N96000000413

1. Corporation Name

WINDOVER PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**604 S LAKE SYBELIA DR
MAITLAND FL 32751**

Mailing Address

**604 S LAKE SYBELIA DR
MAITLAND FL 32751**



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

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

22-3420691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**PROPERTY FIRST INC.
1840 CYPRESS RIDGE DR
ORLANDO FL 32825**

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 **D** ☒ DELETE
NAME **SANCHEZ, EDDIE**
STREET ADDRESS **10020 RICHARDSON CT**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ DELETE
NAME **ATKINS, HOLLY**
STREET ADDRESS **10110 RICHARDSON CT**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☒ DELETE
NAME **LESNICK, GARRY**
STREET ADDRESS **10041 RICHARDSON CT**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ DELETE
NAME **BETANCOURT.**
STREET ADDRESS **10119 RICHARDSON CT**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☒ DELETE
NAME **SANTIAGO, LIONEL**
STREET ADDRESS **10142 RICHARDSON CT**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ DELETE
NAME **BARBERY, JOHN**
STREET ADDRESS **10028 RICHARDSON CT.**
CITY-ST-ZIP **ORLANDO FL 32808**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **MIKE MALDONADO**
1.3 STREET ADDRESS **10115 RICHARDSON COURT**
1.4 CITY-ST-ZIP **ORLANDO, FL 32808**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **LEANNE KLINE**
2.3 STREET ADDRESS **10004 RICHARDSON COURT**
2.4 CITY-ST-ZIP **ORLANDO, FL 32808**

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 #

3-1-99

407-282-6775

CR2E037 (11/98)