


FILE NOW: FILING FEE IS \$61.25

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90032 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N40073					
1. Corporation Name WINDING CREEK OWNERS ASSOCIATION, INC.					
Principal Place of Business 915 RIVER WIND AVE STE. 384 ORLANDO FL 32825 US			Mailing Address POB 691316 STE. 384 ORLANDO FL 32869 - 1316 US		

513921-90032-39



2. Principal Place of Business 21 906 OLD BARN RD Suite, Apt. #, etc. 22 City & State 23 ORLANDO FL Zip Country 24 32825 25 US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 32869-1316 30 US		3. Date Incorporated or Qualified 09/05/1990 4. FEI Number 59-3111368 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent V LEQUE, M 7828 WHITE ASH ST 2170 SR 434 W, STE. 384 ORLANDO FL 32819				10. Name and Address of New Registered Agent 81 Name MICHAEL LEQUE 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	D P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LORRAINE, R		1.2 NAME	CHARLES ABELL			
STREET ADDRESS	819 CLOYD DAIRY LOOP		1.3 STREET ADDRESS	806 OLD BARN RD			
CITY-ST-ZIP	ORLANDO FL 32825		1.4 CITY-ST-ZIP	ORLANDO, FL 32825			
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CUEVAS, C		2.2 NAME				
STREET ADDRESS	950 CLOYD DAIRY LOOP		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32825		2.4 CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	OMEARA, L		3.2 NAME	ROBERT MARSTON			
STREET ADDRESS	830 CLOYD DAIRY LOOP		3.3 STREET ADDRESS	10313 WOODSTREAM CT			
CITY-ST-ZIP	ORLANDO FL 32825		3.4 CITY-ST-ZIP	ORLANDO FL 32825			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PINTER, RENE		4.2 NAME				
STREET ADDRESS	915 RIVER WIND AVE.		4.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32825		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COUVERTIER		5.2 NAME				
STREET ADDRESS	10332 LITTLE E. O.D.		5.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32825		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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** 4-30-99 407-249-0419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)