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Secretary of State

05-13-1999 90038 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09393

1. Corporation Name

WOODLANDS OF WINDERMERE HOMEOWNER'S ASSOCIATION, INC.

577443 - 90001 - 46

Principal Place of Business

7306 WOODKNOT COURT
P.O. BOX 616045
ORLANDO FL 32861-6045
US

Mailing Address

7306 WOODKNOT COURT
P.O. BOX 616045
ORLANDO FL 32861-6045
US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/21/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2538868	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	

9. Name and Address of Current Registered Agent

WILES, MUSA
7306 WOODKNOT CT.
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD	1.1 TITLE	PRESIDENT
NAME	CAHIR, AMY	1.2 NAME	DON PRASKY
STREET ADDRESS	4309 WOODTREE LN	1.3 STREET ADDRESS	7329 WOODBRIAR CT.
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	VP	2.1 TITLE	VP
NAME	SAWYER, JOEL	2.2 NAME	BILL CAREY
STREET ADDRESS	7335 WOODGLEN CT	2.3 STREET ADDRESS	4447 WINDSMERE BLVD.
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	TD	3.1 TITLE	
NAME	WILES, MUSA	3.2 NAME	
STREET ADDRESS	7306 WOODKNOT CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD
NAME	SIMPSON, RENEE	4.2 NAME	SHEILA LEACOCK
STREET ADDRESS	7336 BRANCHTREE DR	4.3 STREET ADDRESS	7345 WOODBRIAR CT.
CITY-ST-ZIP	ORLANDO FL 32835	4.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

299-9915

Date

Daytime Phone #

CR2E037 (1/98)