

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2000 8:00 am
Secretary of State
08-29-2000 90032 019 ****65.00

DOCUMENT # **N96000000413**

1. Entity Name

Winder Park Home Owners Association, Inc

Principal Place of Business

Mailing Address

**PO Box 677041
Orlando, FL 32867**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3420691

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Property First, Inc
1840 Cypress Ridge Rd.
Orlando, FL 32825**

Name

Gary Lesnick

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

10041 Richardson Ct.

City

Orlando

FL

Zip Code

32825

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Gary Lesnick

Gary Lesnick, Director

8/14/00

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Atkins, Holly	
STREET ADDRESS	10110 Richardson Ct.	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	Barbery, John M.	
STREET ADDRESS	10028 Richardson Ct.	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	Betan Court, Jose	
STREET ADDRESS	10119 Richardson Ct.	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	Maldonado, Mike	
STREET ADDRESS	10115 Richardson Ct.	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Kline, Leanne	
STREET ADDRESS	10004 Richardson Ct.	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lesnick, Gary	
STREET ADDRESS	10041 Richardson Ct	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Soto, Veronica	
STREET ADDRESS	10111 Richardson Ct	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

08/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)