

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 19, 2001 8:00 am**
Secretary of State

02-19-2001 90061 026 ****61.25

DOCUMENT # 768060

1. Entity Name

WINDTREE GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**42 WINDTREE LANE
WINTER GARDEN FL 34787**

Mailing Address

**42 WINDTREE LANE
WINTER GARDEN FL 34787**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2472522

Applied For

Not Applicable

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

**MCCULLOH, NEAL
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND FL 32751**

Name

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

City

FL

Zip Code

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P FORCE, FRANCIS B. 2812 KELLY PARK RD. APOPKA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOSS, SUZANNE 80 Windtree Lane Winter Garden, Fl. 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN EDNA 182 WINDTREE LANE WINTER GARDEN FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIGH, MARIOM 149 Windtree Lane Winter Garden, Fl. 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOSS, SUZANNE 80 WINDTREE LANE WINTER GARDEN FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, WILBER 40 Windtree Lane Winter Garden, Fl. 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOZER, JOHN 77 WINDTREE LANE WINTER GARDEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURDICK, FRANCES 139 Windtree Lane Winter Garden, Fl. 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATE, DAVE 106 WINDTREE LANE WINTER GARDEN FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McGEE, REVERLEAN 91 Windtree Lane Winter Garden, Fl. 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REJONIS, BUDDY A 149 WINDTREE LANE WINTER GARDEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Suzanne Koss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/01 407-656-8450
Daytime Phone #

CR2E037 (10/00)