

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90009 014 \*\*\*\*61.25

**DOCUMENT # N40073**

1. Entity Name

**WINDING CREEK OWNERS ASSOCIATION, INC.**

Principal Place of Business

~~10319~~ WOODSTREAM COURT  
 ORLANDO FL 32825  
 US

Mailing Address

POB 691316  
 ORLANDO FL 32869-1316  
 US

2. Principal Place of Business

10318 WOOD STREAM COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3111368

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

LEQVE, MICHAEL  
 7828 WHITE ASH ST  
~~2170 SR 434 W, STE. 384~~  
 ORLANDO FL 32819

*Change*

Name

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

7828 WHITE ASH ST

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	DP MARSTON, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10313 WOODSTREAM CT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	D COUVERTIER, M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10332 LITTLE ECON ST	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	D RAMOS, KEN	<input type="checkbox"/> Delete
STREET ADDRESS	927 LITTLE CREEK RD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	DT MURPHY, PHYLLIS	<input type="checkbox"/> Delete
STREET ADDRESS	10318 WOODSTREAM COURT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	DS GARICK, AUTUMN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10343 WINDING CREEK LANE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP D KEVIN BUB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1025 LITTLE CREEK RD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP D IAN MAUSER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	994 LITTLE CREEK RD	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Kenneth H. Ramos* **NATURE** *President* **DATE** *3/7/01* **DAYTIME PHONE #** *407 249-2721*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)