

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90211 021 ****61.25

DOCUMENT # N96000000413

1. Entity Name

WINDOVER PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

604 S LAKE SYBELIA DR
 MAITLAND FL 32751

P O BOX 677041
 ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

10041 Richardson Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

4. FEI Number **22-3420691**

Applied For

Not Applicable

Zip

Country

Zip

Country

32825

Orange

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

LESNICK, GARY
 10041 RICHARDSON CT
 ORLANDO FL 32825

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 **D** ☐ Delete
 NAME **LESNICK, GARY**
 STREET ADDRESS **10041 RICHARDSON CT**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **John M Barbary**
 STREET ADDRESS **10041 Richardson Ct**
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE **D** ☒ Delete
 NAME **KLINE, LEANNE**
 STREET ADDRESS **10004 RICHARDSON CT**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BETANCOURT.**
 STREET ADDRESS **10119 RICHARDSON CT**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **President** ☐ Change ☐ Addition
 NAME **Jose R. Betancourt**
 STREET ADDRESS **10119 Richardson Ct**
 CITY-ST-ZIP **Orlando FL 32825**

TITLE **D** ☐ Delete
 NAME **MALDONADO, MIKE**
 STREET ADDRESS **10115 RICHARDSON CT**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **SOTO, VERONICA**
 STREET ADDRESS **10111 RICHARDSON CT**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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
 John M Barbary (1/19/01) (10041 Richardson Ct)

CR2E037 (10/00)