

2001 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # N32137

1. Entity Name

WINDSOR HILL HOMEOWNERS ASSOCIATION INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 10 AM 10:45

Principal Place of Business

Mailing Address

2180 W SR 434 STE 5000
LONGWOOD FL 32779

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LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2948592

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES W. HART JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

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 PD
NAME HERNANDEZ, JAIME J
STREET ADDRESS 9934 TURF WAY APT 4
CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

TITLE PD
NAME ROBERT SCHMERHORN (Schmerhorn)
STREET ADDRESS 9525 CROWN PRINCE LN
CITY-ST-ZIP WINDERMERE FL 34786 ☐ Change ☒ Addition

TITLE D
NAME HARDING, ROBERT
STREET ADDRESS 9934 TURF WAY APT 4
CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

TITLE VP
NAME JAMES BRENNAN
STREET ADDRESS 9540 QUEENSBURY CT
CITY-ST-ZIP WINDERMERE FL 34786 ☐ Change ☒ Addition

TITLE SD
NAME MACKINNON, ALEXANDER C
STREET ADDRESS 255 S ORANGE AVE STE 800
CITY-ST-ZIP ORLANDO FL 32801 ☒ Delete

TITLE STD
NAME NASSER HEDAYAT
STREET ADDRESS 9512 CROWN PRINCE LN
CITY-ST-ZIP WINDERMERE FL 34786 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: Robert K Schmerhorn - President 7/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-295-6658

CR2E037 (11/00)