

5/20

5/20/2002-90093-028

FILED
Jul 24, 2002 8:00 am
Secretary of State

05-20-2002 90093 028 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000000413**

1. Entity Name

WINDOVER PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

100841 RICHARDSON COURT
ORLANDO FL 32825

Mailing Address

P O BOX 67201
ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

PO BOX 677201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Zip

Country

32867

Orange

4. FEI Number

22-3420691

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

LESNICK, GARY
10041 RICHARDSON CT
ORLANDO FL 32825Carmen R. Maldonado
10115 Richardson Court

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

Carmen R. Maldonado

4-25-02

FILE NOW: FEE \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D	LESNICK, GARY	10041 RICHARDSON CT	ORLANDO FL 32825

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
P	BETENCOURT, JOSE R	10119 RICHARDSON CT	ORLANDO FL 32808

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D	MALDONADO, MIKE	10115 RICHARDSON CT	ORLANDO FL 32808

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
T	BARBERY, JOHN M	10028 RICHARDSON COURT	ORLANDO FL 32825

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D	Carmen R. Maldonado	10115 Richardson Court	Orlando FL 32825

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D	Nancy Ellis	10146 Richardson Court	Orlando FL 32825

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D	Eddie Foster	10135 Richardson Court	Orlando FL 32825

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 file empowered.

SIGNATURE:

Carmen R. Maldonado

4-25-02

407-207-2645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR02 037 (9/01)