

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90188 005 ****61.25

DOCUMENT # N40073

1. Entity Name

WINDING CREEK OWNERS ASSOCIATION, INC.



Principal Place of Business

PENN FIRST MANAGEMENT INC
1813 N DEAN RD
ORLANDO FL 32817
US

Mailing Address

PENN FIRST MANAGEMENT INC
1813 N DEAN RD
ORLANDO FL 32817
US

2. Principal Place of Business

PENN FIRST - BOYLE MGMT

Suite, Apt. #, etc.

498 Palm Spgs Dr #235

City & State

Altamonte Spgs FL

Zip

32701

Country

USA

3. Mailing Address

PENN FIRST - BOYLE MGMT

Suite, Apt. #, etc.

498 Palm Spgs Dr #235

City & State

Altamonte Spgs FL

Zip

32701

Country

USA



MOORE

CR2E037 (11/03)

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

PENN FIRST MANAGEMENT INC
1813 N DEAN RD
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name

PENN FIRST - BOYLE MANAGEMENT

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

498 Palm Springs Dr #235

City

Altamonte Spgs

FL

Zip Code

32701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAMES W. BOYLE, PRES.

4/5/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME RAMOS, KEN
STREET ADDRESS 927 LITTLE CREEK RD
CITY-ST-ZIP ORLANDO FL 32825

TITLE DT ☒ Delete

NAME MURPHY, PHYLLIS
STREET ADDRESS 10318 WOODSTREAM COURT
CITY-ST-ZIP ORLANDO FL 32825

TITLE VPD ☐ Delete

NAME MANSER, IAN
STREET ADDRESS 994 LITTLE CREEK RD
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ Delete

NAME WILLIS, JOHN
STREET ADDRESS 808 RIVECON AVE
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition

NAME NICK SANTANA
STREET ADDRESS 1066 Little Creek
CITY-ST-ZIP Orlando, FL 32825

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-04