

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760302

Entity Name: WINDERLAKES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4116 WINDERLAKES DR
ORLANDO, FL 32835**Current Mailing Address:**POST OFFICE BOX 1636
WINDERMERE, FL 34786 US**FEI Number:** 59-2153523**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHULTZ, KELLY
4116 WINDERLAKES DR
ORLANDO, FL 32835 US*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:** KELLY SCHULTZ

03/05/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SMITH, KEVIN
Address POST OFFICE BOX 1636
City-State-Zip: WINDERMERE FL 34786

Title VD
Name BELL, LEA
Address POST OFFICE BOX 1636
City-State-Zip: WINDERMERE FL 34786

Title TD
Name SCHULTZ, KELLY
Address POST OFFICE BOX 1636
City-State-Zip: WINDERMERE FL 34786

Title SD
Name LICARI, NANCY
Address POST OFFICE BOX 1636
City-State-Zip: WINDERMERE FL 34786

Title PD
Name WEBER, DONALD
Address POST OFFICE BOX 1636
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name DRAPER, GINA
Address POST OFFICE BOX 1636
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name CHENETTE, JOSEPH
Address POST OFFICE BOX 1636
City-State-Zip: WINDERMERE FL 34786

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELLY SCHULTZ

TREASURER

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date