

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002194

Entity Name: WIND STONE AT OCOEE HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**107 N. LINE DR.
APOPKA, FL 32703**Current Mailing Address:**107 N. LINE DR.
APOPKA, FL 32703 US**FEI Number: 34-1977290****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUTHERLAND, THERESA D
107 N. LINE DR.
ORLANDO, FL 32703 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PRESIDENT
Name PARKER, SHERARD
Address 107 N. LINE DR.
City-State-Zip: APOPKA FL 32703Title VP
Name ADAMS, MICHAEL
Address 107 N. LINE DR.
City-State-Zip: APOPKA FL 32703Title SECRETARY
Name LEE, WENDY
Address 107 N. LINE DR.
City-State-Zip: APOPKA FL 32703Title TREASURER
Name THACKURDEEN, WENDY
Address 107 N. LINE DR.
City-State-Zip: APOPKA FL 32703Title DIRECTOR
Name THOMPSON, ROBERT
Address 107 N. LINE DR.
City-State-Zip: APOPKA FL 32703Title DIRECTOR
Name ADAMS, PAUL
Address 107 N. LINE DR.
City-State-Zip: APOPKA FL 32703

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: SHERARD PARKER**PRESIDENT****04/19/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date