

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010965

**Entity Name:** WINDSOR HILLS MASTER COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**2600 OLD LAKE WILSON ROAD  
KISSIMMEE, FL 34747**Current Mailing Address:**2600 N. OLD LAKE WILSON ROAD  
KISSIMMEE, FL 34747 US**FEI Number: 32-0116471****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LAW OFFICES OF JOHN L. DIMASI, P.A.  
801 N. ORANGE AVENUE - SUITE 500  
ORLANDO, FL 32801 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	PD
Name	QUINN, DEANNA
Address	2600 OLD LAKE WILSON ROAD
City-State-Zip:	KISSIMMEE FL 34747

Title	VPD
Name	PYLE, JEFFREY
Address	2600 OLD LAKE WILSON ROAD
City-State-Zip:	KISSIMMEE FL 34747

Title	SD
Name	NELSON, STAN
Address	2600 OLD LAKE WILSON ROAD
City-State-Zip:	KISSIMMEE FL 34747

Title	TD
Name	NICOTERA, JOSEPH
Address	2600 OLD LAKE WILSON ROAD
City-State-Zip:	KISSIMMEE FL 34747

Title	D
Name	VAZZANA, JAMES
Address	2600 OLD LAKE WILSON ROAD
City-State-Zip:	KISSIMMEE FL 34747

*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: DEANNA QUINN****PRESIDENT****01/09/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date