

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000645

Entity Name: THE VISTAS AT WINDSOR HILLS TOWNHOMES
HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 06, 2020
Secretary of State
7971081861CC**Current Principal Place of Business:**1631 E. VINE STREET
SUITE 300
KISSIMMEE, FL 34744**Current Mailing Address:**1631 E. VINE STREET
SUITE 300
KISSIMMEE, FL 34744 US**FEI Number: 59-3781127****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ARTEMIS LIFESTYLE SERVICES, INC..
1631 E. VINE STREET
SUITE 300
KISSIMMEE, FL 34744 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: DAVID BURMAN****04/06/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, TREASURER
Name WHIPPLE, PAUL
Address 1631 E. VINE STREET
SUITE 300
City-State-Zip: KISSIMMEE FL 34744**Title** VP
Name BAHORIK, J SCOTT
Address 1631 E. VINE STREET
SUITE 300
City-State-Zip: KISSIMMEE FL 34744**Title** SECRETARY
Name HARKER, JODI
Address 1631 E. VINE STREET
SUITE 300
City-State-Zip: KISSIMMEE FL 34744**Title** DIRECTOR
Name KOZELUH, KEN
Address 1631 E. VINE STREET
SUITE 300
City-State-Zip: KISSIMMEE FL 34744**Title** DIRECTOR
Name FEIBUS, ANDY
Address 1631 E. VINE STREET
SUITE 300
City-State-Zip: KISSIMMEE FL 34744

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: PAUL WHIPPLE**PRESIDENT****04/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date