

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010249

**Entity Name:** WINDERMERE CHARITIES CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1748 LAKE ROBERTS COURT  
WINDERMERE, FL 34786

**Current Mailing Address:**

1748 LAKE ROBERTS COURT  
WINDERMERE, FL 34786

**FEI Number:** 14-1908881

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHOUFANI, JAAFAR ESQ.  
ALLEN DYER ET AL  
255 S. ORANGE AVENUE - STE. 1401  
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 VC  
Name LEVIN, KATHLEEN MRS.  
Address 1748 LAKE ROBERTS CT.  
City-State-Zip: WINDERMERE FL 34786

Title C  
Name GUSTAFSON, JOSEPH  
Address 3699 CORSICA LANE  
City-State-Zip: CLERMONT FL 34711

Title D  
Name O'CONNOR, TIM  
Address 11525 MATTIODAD ROAD  
City-State-Zip: GROVELAND FL 34736

Title D  
Name NORTON, KRISTIN MCCUSKER  
Address 350 SOUTH OSCEOLA AVENUE - APT.  
5  
City-State-Zip: ORLANDO FL 32801

Title D  
Name ALLISON, JUDY  
Address 2620 BLACKLAKE BLVD  
City-State-Zip: WINTER GARDEN FL 34787

Title CFO  
Name BONNER, VINCENT  
Address 20144 VALHALLA SQUARE  
City-State-Zip: ASHBURN VA 20147

Title DIRECTOR  
Name MCCASKILL, JIM  
Address 6013 SCOTS PINE COURT  
City-State-Zip: ORLANDO FL 32819

*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:** VINCENT A. BONNER

**CHIEF FINANCIAL  
OFFICER**

**02/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date