

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40073

**Entity Name:** WINDING CREEK OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6511 PINE CASTLE AVENUE  
ORLANDO, FL 32809**Current Mailing Address:**P O BOX 568846  
ORLANDO, FL 32856 US**FEI Number:** 59-3111368**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLACKBIRD LAW, P.A.  
390 N. ORANGE AVENUE  
SUITE 2300  
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           | VP                    |
| Name            | CONWAY, MERLE         |
| Address         | 976 LITTLE CREEK ROAD |
| City-State-Zip: | ORLANDO FL 32825      |

|                 |                       |
|-----------------|-----------------------|
| Title           | PRESIDENT             |
| Name            | KOFFINAS, SANDY       |
| Address         | 995 LITTLE CREEK ROAD |
| City-State-Zip: | ORLANDO FL 32825      |

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | BUB, KEVIN             |
| Address         | 1025 LITTLE CREEK ROAD |
| City-State-Zip: | ORLANDO FL 32825       |

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | HIERS, JACOB           |
| Address         | 1013 LITTLE CREEK ROAD |
| City-State-Zip: | ORLANDO FL 32825       |

|                 |                       |
|-----------------|-----------------------|
| Title           | SECRETARY, TREASURER  |
| Name            | BAKER, JENNIFER       |
| Address         | 977 LITTLE CREEK ROAD |
| City-State-Zip: | ORLANDO FL 32825      |

*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:** SANDY KOFFINAS

PRESIDENT

04/07/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date