

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90085 025 \*\*\*\*61.25

**DOCUMENT # 734953**

1. Entity Name

**WINDSOR VILLAGE ASSOCIATION, INC.**

Principal Place of Business

~~727 WINDSOR LANE~~  
**KEY WEST FL 33040**

Mailing Address

~~721 WINDSOR LANE~~  
~~PO BOX 1432~~  
**KEY WEST FL 33040**

2. Principal Place of Business

**721 WINDSOR LANE**

3. Mailing Address

**721 WINDSOR LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Key WEST, FL**

City & State

**Key WEST, FL**

Zip

**33040**

Country

**USA**

Zip

**33040**

Country

**USA**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEE, CHARLES E**  
~~727 WINDSOR LANE~~  
**KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **RICHARD R. REYNOLDS**

Street Address (P.O. Box Number is Not Acceptable)

**721 WINDSOR LANE**

City

**Key WEST**

**FL**

Zip Code

**33040**

8. 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

**RICHARD R. REYNOLDS, Compound Manager**  
*Richard R Reynolds*

**1/12/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HARTMAN, NEAL 721-F WINDSOR LANE KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM LEE, CHARLES E 727 WINDSOR LANE KEY WEST FL 33040	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAYKIN, JUDITH 723 WINDSOR LANE KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KILO, THEODORE JR 715 WINDSOR LANE KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM REYNOLDS, RICHARD R. 721 WINDSOR LANE Key WEST, FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KILO, THEODORE JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*DAVID N. HARTMAN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305 296 3034**

CR2E037 (10/00)