

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G15066** (5)

1. Corporation Name

WINDTREE GARDENS, INCORPORATED



Principal Place of Business

**13312 W. COLONIAL
WINTER GARDEN FL 34787
US**

Mailing Address

**13312 W. COLONIAL
WINTER GARDEN FL 34787
US**

3. Date Incorporated or Qualified
12/27/1982

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **13340 W. Colonial Drive**

2a. Mailing Address

26 **13340 W. Colonial Drive**

4. FEI Number

59-2238590

Applied For

Not Applicable

5. Certificate of Status Desired

XX

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

22 **Suite 250**

Suite, Apt. #, etc.

27 **Suite 250**

City & State

23 **Winter Garden, FL**

City & State

28 **Winter Garden, FL**

Zip

24 **34787**

Country

25 **USA**

Zip

29 **34787**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASHBURN, ERIC
102 E MAPLE ST
WINTER GARDEN, FL
32787**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and state address

Date of Registered Agent Signature and Date of Filing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D CANOLE, WILLIAM**
STREET ADDRESS **SW BAY COVE ST**
CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE ☐ DELETE

NAME **D FOLSOM, L M**
STREET ADDRESS **SOUTH FLAT LAKE**
CITY-ST-ZIP **WINTER GARDEN, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☒ Change ☐ Addition

21 TITLE
22 NAME **FOLSOM, L.M.**
23 STREET ADDRESS **4246 Willow Bay Drive**
24 CITY-ST-ZIP **Winter Garden, FL 34787**

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

L.M. Folsom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.M. Folsom, Director

3/29/96

(407) 877-0505

Date

Daytime Phone

CR2E034 (12/95)