

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

3/7

03-07-2003 90102 004 ****61.25

DOCUMENT # N00000007046

1. Entity Name

WINTER PARK PLACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**331 MAITLAND AVE
D6
MAITLAND FL 32751**

**P.O. BOX 947546
MAITLAND FL 32794**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **02-0619934**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HENDERSON, E. RICHARD JR
1004 VERSAILLES CT
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

ROBERT GODWIN

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

2613 PARK PLACE DR

City

WINTER PARK

FL

Zip Code

32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **HENDERSON, J. RICHARD JR**
STREET ADDRESS **1004 VERSAILLES CT**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☒ Delete
NAME **HENDERSON, J. RICHARD SR**
STREET ADDRESS **1004 VERSAILLES CT**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☒ Delete
NAME **DANIELS, JERE**
STREET ADDRESS **STE 221, 2431 ALOMA AVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **PRESIDENT
ROBERT GODWIN**
STREET ADDRESS **2613 PARK PLACE DR.**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☒ Change ☐ Addition
NAME **VICE PRESIDENT
KAREN SAVAGE**
STREET ADDRESS **2612 PARK PLACE DR.**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☒ Change ☐ Addition
NAME **2nd TREASURER
* SHERYL BARR**
STREET ADDRESS **2601 PARK PLACE DR.**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (10/02)