

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002512

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** WINDSORMERE OWNER'S ASSOCIATION INC.

**Current Principal Place of Business:**

45 WINDSORMERE WAY  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

45 WINDSORMERE WAY  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 11-3684067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUNN, JOSEPH P DR  
45 WINDSORMERE WAY  
OVIEDO, FL 32765 US

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

BUNN, JOSEPH P D  
45 WINDSORMERE WAY  
OVIEDO, FL 32765 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: JOSEPH P. BUNN, M.D.

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BUNN, JOSEPH P  
Address: 45 WINDSORMERE WAY  
City-St-Zip: OVIEDO, FL 32765 US

Title: D  
Name: BUNN, KATHERINE M  
Address: 45 WINDSORMERE WAY  
City-St-Zip: OVIEDO, FL 32765 US

Title: D  
Name: WALKER, TODD  
Address: 10 WINDSORMERE WAY, SUITE 200  
City-St-Zip: OVIEDO, FL 32765 US

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: JOSEPH P. BUNN, M.D.

D

02/17/2011

Electronic Signature of Signing Officer or Director

Date