


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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90247 037 ****61.25

DOCUMENT # N01000007015

1. Entity Name
**WYNDSOR AT LAKE WINTERSSET HOMEOWNERS ASSOCIATION
(BLOCK A), INC.**



Principal Place of Business Mailing Address

**549 POPE AVENUE NW
WINTER HAVEN FL 33881
US** **POST OFFICE BOX 7530
WINTER HAVEN FL 33883-7530
US**

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 **01-0595236** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**



CHECK HERE IF MAKING CHANGES

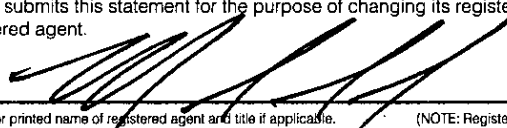
6. Name and Address of Current Registered Agent

**SCHREIBER, MARK E
549 POPE AVENUE NW
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete
NAME	SCHREIBER, MARK E
STREET ADDRESS	P.O. BOX 7530
CITY-ST-ZIP	WINTER HAVEN FL 33831-7530
TITLE	D <input type="checkbox"/> Delete
NAME	OWENS, DAVID S
STREET ADDRESS	P.O. BOX 7530
CITY-ST-ZIP	WINTER HAVEN FL 33831-7530
TITLE	D <input type="checkbox"/> Delete
NAME	SCHREIBER, KAREN K
STREET ADDRESS	P.O. BOX 7530
CITY-ST-ZIP	WINTER HAVEN FL 33831-7530
TITLE	P <input type="checkbox"/> Delete
NAME	SCHREIBER, MARK E
STREET ADDRESS	P.O. BOX 7530
CITY-ST-ZIP	WINTER HAVEN FL 33831-7530
TITLE	V <input type="checkbox"/> Delete
NAME	OWENS, DAVID S
STREET ADDRESS	P.O. BOX 7530
CITY-ST-ZIP	WINTER HAVEN FL 33831-7530
TITLE	T <input type="checkbox"/> Delete
NAME	SCHREIBER, MARK E
STREET ADDRESS	P.O. BOX 7530
CITY-ST-ZIP	WINTER HAVEN FL 33831-7530

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another, or empowered.

SIGNATURE:  **MARK E. Schreiber** 3/21/03 863291-0731

CR2E037 (10/02)