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97 SEP 12 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N01994 (5)

1. Corporation Name

WINDSOR PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 423
TALLAHASSEE FL 32301-0423

P.O. BOX 423
TALLAHASSEE FL 32302-0423

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/16/1984

3a. Date of Last Report
02/02/1996

4. FEI Number
59-2877873

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

GAMMON, WILLIAM C.
%3333 APALACHEE PARKWAY
TALLAHASSEE FL 32311

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME GAMMON, WILLIAM C
STREET ADDRESS 133 DAWN LAUREN LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME MOYER, BETH
STREET ADDRESS 131 DAWN LAUREN LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME TURLEY, LYN
STREET ADDRESS 171 DAWN LAUREN LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME MCWADE-MURRAY, MARLYNN
STREET ADDRESS 179 DAWN LAURE LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME FRALICK, CHERYL
STREET ADDRESS 108 DAWN LAUREN LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SMITH, REX
STREET ADDRESS 103 DAWN LAUREN LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.



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6/29/12/97

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