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

DOCUMENT # *N01994*

1. Entity Name
Windsor Park Homeowners Association, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
130 DAWN LAUREN LN
Suite, Apt. #, etc.

3. Mailing Address
127 DAWN LAUREN LN
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Tallahassee, Florida*
Zip *32301* Country *LEON*

City & State *Tallahassee, Florida*
Zip *32301-3434* Country *LEON*

4. FEI Number *5928877873*

| Applied For |
| Not Applicable |

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Gorden Barineau*

Street Address (P.O. Box Number is Not Acceptable)
127 DAWN LAUREN LANE

City *Tallahassee*   FL   Zip Code *32301*

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.

SIGNATURE *Gorden Barineau*   DATE *9-12-02*
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE *President/D*	TITLE	
NAME *Kelly Owens*	NAME	
STREET ADDRESS *130 DAWN LAUREN LN*	STREET ADDRESS	
CITY-ST-ZIP *Tall FLA 32301*	CITY-ST-ZIP	*80000780975 8---3*
TITLE *Treasurer/D*	TITLE	*=03717702--01074--005*
NAME *Gorden Barineau*	NAME	*****61.25 ****61.25*
STREET ADDRESS *127 DAWN LAUREN*	STREET ADDRESS	
CITY-ST-ZIP *TAll FLA 32301*	CITY-ST-ZIP	
TITLE *Director, Sec.*	TITLE	
NAME *Frances Gilbert*	NAME	**DO NOT WRITE**
STREET ADDRESS *116 DAWN LAUREN*	STREET ADDRESS	**IN THIS SPACE**
CITY-ST-ZIP *Tall FLA 32301*	CITY-ST-ZIP	
TITLE	TITLE	
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	TITLE	
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	TITLE	
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____   *9-12-02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037B (12/01)