

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-07-2005 90279 041 ****61.25

DOCUMENT # N04000007148 1. Entity Name WINDER OAKS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 3300 S. HIAWASSEE ROAD SUITE 106 ORLANDO, FL 32835			Mailing Address 3300 S. HIAWASSEE ROAD SUITE 106 ORLANDO, FL 32835		
2. Principal Place of Business Subo, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 80-2616953	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALLINGER, DAVID A 3300 S. HIAWASSEE ROAD SUITE 106 ORLANDO, FL 32835				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BALLINGER, DAVID A ☐ Delete 3300 S. HIAWASSEE ROAD ORLANDO, FL 32835				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
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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 a power like empowered.					
SIGNATURE: <u><i>David A Ballinger</i></u> <u>2/22/05</u> <u>407-295-9565</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66009384



02222005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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SIGNATURE: *David A Ballinger* 2/22/05 407-295-9565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #