

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12717 (7)**

1. Corporation Name
WINDERMERE HEIGHTS THIRD SECTION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 1150 E. PLANT ST. P.O. DRAWER 490 OCOEE FL 34761-7490
Mailing Address: 1150 E. PLANT ST. P.O. DRAWER 490 OCOEE FL 34761-7490

3. Date Incorporated or Qualified: 12/23/1985
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business: 21 **CyberNation, Inc.**
Suite, Apt. #, etc.: 22 **6000 S. Rio Grande Ave**
City & State: 23 **Orlando, Florida**
Zip: 24 **32809**
Country: 25 **U.S.A.**
2a. Mailing Address: 26 **c/o CyberNation, Inc.**
Suite, Apt. #, etc.: 27 **6000 S. Rio Grande Ave**
City & State: 28 **Orlando, Florida**
Zip: 29 **32809**
Country: 30 **U.S.A.**
4. FEI Number: **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

9. Name and Address of Current Registered Agent: **STARCHER, RICHARD T. 8121 OAK PARK ROAD ORLANDO FL**
10. Name and Address of New Registered Agent: 81 Name: **Mathew L. Hayden**
82 Street Address (P.O. Box Number is Not Acceptable): **8100 Oak Park Road**
83 City: **Orlando,**
84 City: **FL** 85 Zip Code: **32819**

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: *Mathew Hayden* **Mathew Hayden** DATE: **4/11/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Hayden, Mathew L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAN, GEORGE I.	1.2 NAME	President/D
STREET ADDRESS	1150 E. PLANT ST.	1.3 STREET ADDRESS	8100 Oak Park Road
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	Orlando, Florida 32819
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAN, GEORGE D.	2.2 NAME	
STREET ADDRESS	8052 OAK PARK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARCHER, RICHARD L.	3.2 NAME	
STREET ADDRESS	8121 OAK PARK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	900001841279
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/28/96--01045--000 0/3
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	***\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Mathew Hayden* **Mathew Hayden, PRES.** DATE: **4/11/96** (407) 888-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MATHEW HAYDEN, PRES.** DATE: **4/11/96** (15 5-1-96)

CR2E037 (12/95)