2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 01, 2001 8:00 am

1. Entity Name WINDSOR WAY HOMEOWNERS ASSOCIATION, INC.				Secr	Secretary of State			
				08-01-2001 90196 030 ****61.25				
			_ /Ø	P)				
Principal Place of Business Maili		Mailing Address	failing Address					
			12785-C FOREST HILL BLVD		00ahar	M 4		
WELLINGTON	1 FL 33914	WELLINGTON FL 33414			C00745	71		
						1568 656 8 5 568 4 41		
2. Principal Place of Business		3. Mailing Address			io 101 1 1 11 010 d iii 11 70 1 11 7 10 1	EIDAN BIDIA DARAN DID	iil (10 11 1281	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			OO NOT WRITE IN THIS	SPACE		
City & State		City & State		4. FEI Number		ΙΑρ	plied For	
				59	-2639592	No	t Applicable	
Zip	Country	Zip	Country	5. Certificate of Stat	tus Desired 🔲	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered	Agent		
بالمعبي	الداريان المستنب والمنافع المستنبية المنافع ال	and the second second	Name		me	·		
OLITZKY,			Street Addres	Street Address (P.O. Box Nümber is Not Acceptable)				
	ngton mgmt Forest Hill BLVD	Λ	1178	SIC KORESI	HILL BIV	ld.		
WELLINGTON FL 33414			City well	wellington, Fh FL ZINGON				
8. The above	e named entity submits this statement for	or the purpose of changing	its egistered office or regis	stered agent, or both, in the	ne state of Florida.	1.0301 / 2	7	
					-	7/00	/ ,	
SIGNATURE	John Newsome Signature, typed or printed name of registered agent	and title if annitantia	IOTE: Registered Agent signature requ	irod when minetating)		/ 25/0	1	
	Signature, typed or printed name or registered agent	and the ir applicable	OTE: Registered Agent signature requ	area when reinstating)	DATE		·	
ı	FILE NOW: FEE IS \$61.25	9. Election C	Campaign Financing	\$5.00 May Be	Make Che	ck Payable t	to	
After Sept	ember 12, 2001, min. will be \$2	236.25 Trust Fund	d Contribution.	Added to Fees		ent of State		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	10	
TITLE	SD ALEYANDED DOUGLAS	□ Delete	TITLE	·		☐ Change	Addition	
NAME STREET ADDRESS	ALEXANDER, DOUGLAS 2499 WINDSOR WAY CT		NAME Street address				,	
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP					
TITLE NAME	PD LEVIN, MORTEN	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	2555 WINDSOR WAY CT		STREET ADDRESS					
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP					
TITLE NAME	TD MCGOVERN; WILLIAM	Delete	TITLE NAME		:	☐ Change	☐ Addition	
STREET ADDRESS	2539 WINDSOR WAY CT		STREET ADDRESS					
CiTY-ST-ZIP	WELLINGTON FL 33414	82	CITY-ST-ZIP	N	11.07	. □ Change	TID # Junear	
NAME	NARTIGAN, JAMES	Delete	TITLE NAME	D-JAMES 2577 S Walling	HARY IGAN	/ ∐ Unange	Addition	
STREET ADDRESS	2577 SHETTINGHAM DR		STREET ADDRESS	1577 0	helf ngha	Me Ker		
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP	Willing	4ou , N	Change	Addition	
NAME	PRANT, DICK	☐ Delete	TITLE NAME			□ change	L Addition	
STREET ADDRESS	2442 WINDSOR WAY CT		STREET ADDRESS				ļ	
	1		AUTO: DE E10				Į	
C/TY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP			Channa	☐ Addition	
TITLE NAME	1	☐ Delete	CITY-ST-ZIP TITLE NAME		,	Change	Addition	
TITLE	WELLINGTON FL 33414	☐ Delete	TITLE		· ·	☐ Change	Addition	

I nereby 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 injuddess, with all other like empowered.

GNATURE:

WILLIAM MCGOVERN 7-27-01

SIGNATURE: