

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90049 017 ****61.25

DOCUMENT # N13167

1. Entity Name
WINDSOR WAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**% WELLINGTON MANAGEMENT INC.
3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414**

Mailing Address
**% WELLINGTON MANAGEMENT INC.
3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414**

44036184



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2639592

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWSOME, JOHN
% WELLINGTON MANAGEMENT INC.
3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	ALEXANDER, DOUGLAS	
STREET ADDRESS	2499 WINDSOR WAY CT	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVIN, MORTON	
STREET ADDRESS	2555 WINDSOR WAY CT	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGOVERN, WILLIAM	
STREET ADDRESS	2539 WINDSOR WAY CT	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARTIGAN, JAMES	
STREET ADDRESS	2577 SHELTINGHAM DRIVE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHLKE, WILLIAM	
STREET ADDRESS	2498 WINDSOR WAY CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOPPING, TRACY	
STREET ADDRESS	2395 WINDSOR WAY CT	
CITY-ST-ZIP	WELLINGTON, FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W.P. McGovern*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04


Date

Daytime Phone #

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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment

DOCUMENT # N13167	
1. Entity Name WINDSOR WAY HOMEOWNERS ASSOCIATION, INC.	

Attachment

24056184

Principal Place of Business % WELLINGTON MANAGEMENT INC. 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414	Mailing Address % WELLINGTON MANAGEMENT INC. 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

[Redacted]

03242004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2639592	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWSOME, JOHN
% WELLINGTON MANAGEMENT INC.
3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ FL Zip Code _____

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.

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DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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TITLE	D	<input type="checkbox"/> Delete
NAME	TOPPING, TRACY	
STREET ADDRESS	2395 WINDSOR WAY CT	
CITY-ST-ZIP	WELLINGTON, FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Faith Lieberman	
STREET ADDRESS	2507 Windsor Way Ct	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *[Signature]* W.C. McGovern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/23/04 Daytime Phone #

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