

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90127 005 ****61.25

DOCUMENT # N13167

1. Entity Name
WINDSOR WAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**12785-C FOREST HILL BLVD
WELLINGTON FL 33414**

Mailing Address
**12785-C FOREST HILL BLVD
WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2639592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NEWSOME, JOHN
% WELLINGTON MGMT
12785-C FOREST HILL BLVD
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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, MORTEN	
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 checked="" type="checkbox"/> Delete
NAME	PRANT, DICK	
STREET ADDRESS	2442 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	Morton Levin	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Gohlke	
STREET ADDRESS	2498 Windsor Way Ct	
CITY-ST-ZIP	Wellington, FL 33414	
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:

[Signature]

1-8-03 561-795-7767

CR2E037 (10/02)