

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 # **N19499 (5)**

1. Corporation Name

WINDSOR WALK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**926 GREAT POND DR.
SUITE 2001
ALTAMONTE SPRINGS FL 32714**

**926 GREAT POND DR.
SUITE 2001
ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified
03/03/1987

3a. Date of Last Report
05/01/1995

2b. Principal Place of Business

2a. Mailing Address

21 ANGELA GORDON PROP. MGMT, INC.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4030 DIJON DRIVE

City & State

23 ORLANDO FLORIDA

City & State

24 32808

Country

25 ORANGE

Zip

Country

29

30

4. FEI Number
59-2880284

Applied For
☒ 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

10. Name and Address of New Registered Agent

**UHL, PAMELA H.
926 GREAT POND DR.
SUITE 2001
ALTAMONTE SPRINGS FL 32714**

81 Name **KOBACK, CHRISTOPHER**

82 Street Address (P.O. Box Number is Not Acceptable)
40 ANGELA GORDON PROP MGMT., INC.

83 **4030 DIJON DRIVE**

84 City **ORLANDO**

FL

85 Zip Code **32808**

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

Christopher Koback, Agent

4/26/96

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TSD-** ☒ DELETE
NAME **PAWLK, SALLY**
STREET ADDRESS **41001 YORKSHIRE RIDGE CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☒ DELETE
NAME **BERNARDI, TIM**
STREET ADDRESS **41010 YORKSHIRE RIDGE COURT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **ED** ☐ DELETE
NAME **EDELEN, CAROL**
STREET ADDRESS **11124 ESSEX RIDGE COURT**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **TSD** ☐ Change ☒ Addition
12 NAME **LA FRANCE, KEN**
13 STREET ADDRESS **11141 ESSEX RIDGE COURT**
14 CITY-ST-ZIP **ORLANDO, FL**

21 TITLE **D** ☐ Change ☒ Addition
22 NAME **LEFKOWITZ, BOB**
23 STREET ADDRESS **11016 YORKSHIRE RIDGE COURT**
24 CITY-ST-ZIP **ORLANDO FL**

31 TITLE **PD** ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE **D** ☐ Change ☒ Addition
42 NAME **GALIARDO, JEFF**
43 STREET ADDRESS **11012 YORKSHIRE RIDGE COURT**
44 CITY-ST-ZIP **ORLANDO FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Carol E. Edele **CAROL EDELEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

407.836.1312

Daytime Phone #

CR2E037 (12/95)