

WINDSOR WALK FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**

1. Corporation Name

N19499

WINDSOR WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

52 E. SOUTH STREET  
ORLANDO, FL 32827

52 E. SOUTH STREET  
ORLANDO, FL 32827

3. Date Incorporated or Qualified

3-18-87

3a. Date of Last Report

4-30-96

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

2. Principal Place of Business

21 52 E. South Street

Suite, Apt. #, etc.

22

City & State

23 ORLANDO Florida

Zip

24 32801

Country

25 US

2a. Mailing Address

26 52 E. South Street

Suite, Apt. #, etc.

27

City & State

28 Orlando Florida

Zip

29 32801

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Don Asher and Associates, Inc.

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

52 E. South Street

83

84 City

Orlando

FL

85 Zip Code  
32801

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

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

(NOTE: Registered Agent signature required when reinstating)

4/10/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

president/D  
Ken LaFrance

1.3 STREET ADDRESS

11141 Essex Ridge Court  
Orlando, FL 32827

1.4 CITY-ST-ZIP

2.1 TITLE

Treasurer/D  
John Olsen

☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

11018 Regency Commons Court  
Orlando, FL 32827

2.4 CITY-ST-ZIP

3.1 TITLE

Secretary/D  
Michele Plotts

☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

11106 Alderly Commons Court  
Orlando, FL 32827

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

000002195700  
-05/30/97-01011-020  
\*\*\*\$61.25

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CS  
5/19/97

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ken LaFrance

Date

Daytime Phone #

4-9-97 (407) 855-5851

CR2E037 (9/96)