

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90040 001 \*\*\*\*61.25

**DOCUMENT # N19499**

1. Corporation Name

**WINDSOR WALK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

52 E. SOUTH STREET  
ORLANDO FL 32827  
US

Mailing Address

52 E. SOUTH STREET  
ORLANDO FL 32827  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/03/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2880284	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		8. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
-Zip		Country		Trust Fund Contribution	
24		25		29	
Country		Zip		Country	
25		29		30	

9. Name and Address of Current Registered Agent

**DON ASHER & ASSOCIATES**  
52 E. SOUTH STREET  
ORLANDO FL 32827

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LA FRANCE, KEN	1.2 NAME	
STREET ADDRESS	11141 ESSEX RIDGE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32827	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	OLSEN, JOHN	2.2 NAME	
STREET ADDRESS	11018 REGENCY COMMONS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32827	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	S/T/D
NAME	PLOTTS, MICHELE	3.2 NAME	
STREET ADDRESS	11106 ALDERLY COMMONS COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32827	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VP/D
NAME		4.2 NAME	BELL, MICHAEL
STREET ADDRESS		4.3 STREET ADDRESS	11124 Essex Ridge Court
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99 4074143457