

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90056 040 ****61.25

DOCUMENT # N19499

1. Entity Name

WINDSOR WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1350 ORANGE AVE.
 #100
 WINTER PARK FL 32789
 US

Mailing Address

PO BOX 1208
 WINTER PARK FL 32790
 US

A0027061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2880284

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

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

7. Name and Address of New Registered Agent

Name **Attwood Phillips, Inc**

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

1350 Orange Ave #100

Winter Park

City

FL

Zip Code

32789

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **LA FRANCE, KEN**
 STREET ADDRESS **11141 ESSEX RIDGE COURT**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **VPD** ☒ Delete
 NAME **BELL, MICHAEL**
 STREET ADDRESS **11124 ESSEX RIDGE CT**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **STD** ☐ Delete
 NAME **PLOTTS, MICHELE**
 STREET ADDRESS **11106 ALDERLY COMMONS COURT**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DST RADDY FRANKOS**
 STREET ADDRESS **11137 Essex Ridge Ct**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☒ Change ☐ Addition
 NAME **DV**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DST MARTHA DUNDER**
 STREET ADDRESS **11115 Essex Ridge Ct**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

Date

Daytime Phone #

407 414 3457

CR2E037 (10/00)