

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90089 002 \*\*\*\*61.25

**DOCUMENT # N19499**

1. Entity Name

**WINDSOR WALK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1350 ORANGE AVE.  
 #100  
 WINTER PARK FL 32789  
 US**

**PO BOX 1208  
 WINTER PARK FL 32790  
 US**

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

**59-2880284**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATTWOOD PHILLIPS, INC  
 1350 ORANGE AVE  
 100  
 WINTER PARK FL 32789**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **32837**  
 CITY-ST-ZIP **32837**

TITLE **DST** ☐ Delete  
 NAME **FRANKOS, RANDY**  
 STREET ADDRESS **11137 ESSEX RIDGE COURT**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☒ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **32837**  
 CITY-ST-ZIP **32837**

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

TITLE **DST** ☐ Change ☒ Addition  
 NAME **JENNIFER HART**  
 STREET ADDRESS **11018 YORKSHIRE RIDGE CT**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **DST** ☒ Delete  
 NAME **DONDER, MARTHA**  
 STREET ADDRESS **11115 ESSEX RIDGE COURT**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **DV** ☐ Change ☒ Addition  
 NAME **JOHNA SUCERIG**  
 STREET ADDRESS **11137 ESSEX RIDGE CT**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete  
 NAME **CLARE CANDELA**  
 STREET ADDRESS **11004 YORKSHIRE RIDGE CT**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Change ☒ Addition  
 NAME **CLARE CANDELA**  
 STREET ADDRESS **11004 YORKSHIRE RIDGE CT**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete  
 NAME **CLARE CANDELA**  
 STREET ADDRESS **11004 YORKSHIRE RIDGE CT**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Change ☐ Addition  
 NAME **CLARE CANDELA**  
 STREET ADDRESS **11004 YORKSHIRE RIDGE CT**  
 CITY-ST-ZIP **ORLANDO FL 32837**

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 REQUIRED**

**KENNETH LA FRANCE**

**2/5/02**

**407.855.5851**

CR2E037 (9/01)