

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90311 029 ****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**

34090110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092004 Chg-NP CR2E037 (10/03)

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

**COMMUNITY MANAGEMENT PROFESSIONALS INC
5401 KIRKMAN RD
STE. 450
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name **LELAND MANAGEMENT INC**
Street Address (P.O. Box Number is Not Acceptable)
1633 E. VINE ST #110
City **KISSIMMEE FL** Zip Code **34744**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida 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 32837**

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

TITLE **DST** ☒ Delete
NAME **RAKAUSKAS, MANDALA**
STREET ADDRESS **11048 REGENCY COMMONS CT.**
CITY-ST-ZIP **ORLANDO, FL 32837**

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 **VP** ☐ Change ☒ Addition
NAME **KALEX ESPINOSA**
STREET ADDRESS **11123 YORKSHIRE RIDGE CT**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **ST** ☐ Change ☒ Addition
NAME **AMANDA ASHMORE**
STREET ADDRESS **11137 ESSEX RIDGE CT**
CITY-ST-ZIP **ORLANDO, FL 32837**

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

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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

Date

Daytime Phone #

[Signature] **04/12/04** **407-44-6961**