


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90145 032 \*\*\*\*61.25


|  |   |
|--|---|
| <b>DOCUMENT # N19499</b>   |  |
| 1. Entity Name<br><b>WINDSOR WALK HOMEOWNERS ASSOCIATION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1350 ORANGE AVE.<br/>#100<br/>WINTER PARK, FL 32789 US</b> | Mailing Address<br><b>PO BOX 1208<br/>WINTER PARK, FL 32790 US</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>8009 S. Orange Ave</b> | 3. Mailing Address<br><b>8009 S. Orange Ave</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                             |

|                                    |                                    |
|------------------------------------|------------------------------------|
| City & State<br><b>Orlando, FL</b> | City & State<br><b>Orlando, FL</b> |
| Zip<br><b>32809</b>                | Zip<br><b>32809</b>                |
| Country<br><b>US</b>               | Country<br><b>US</b>               |

**50047186**

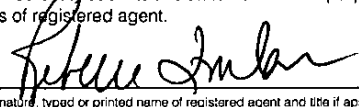


04142005 Chg-NP CR2E037 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-2880284</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>LELAND MANAGEMENT INC<br/>1633 E. VINE ST<br/>#110<br/>KISSIMMEE, FL 34744</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name <b>Rebecca Furlow</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8009 S. Orange Ave</b><br>City <b>Orlando</b> FL Zip Code <b>32809</b> |  |

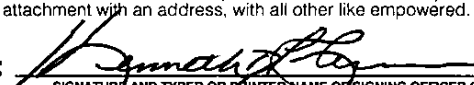
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LA FRANCE, KEN<br>11141 ESSEX RIDGE COURT<br>ORLANDO, FL 32837 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>ESPINOSA, KALEX<br>11123 YORKSHIRE RIDGE CT<br>ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Vice President<br>Calenti, Justine<br>11137 Essex Ridge Court<br>Orlando, FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>ASHMORE, AMANDA<br>11137 ESSEX RIDGE CT<br>ORLANDO, FL 32837 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:  4/24/05 407-414-9771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #