

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90287 011 ****61.25

DOCUMENT # N19771 1. Entity Name WINDERWOOD HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4402 WINDERWOOD CIRCLE ORLANDO, FL 32835 US		Mailing Address P.O. BOX 1853 WINDERMERE, FL 34786 US	
2. Principal Place of Business 4434 WINDERWOOD CIR.		3. Mailing Address Suite, Apt. #, etc.	
City & State ORLANDO		City & State	
Zip 32835	Country USA	Zip	Country
6. Name and Address of Current Registered Agent ELLIOTT, BRAD 4402 WINDERWOOD CIR ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name SUSAN HIGHTOWER, PRESIDENT Street Address (P.O. Box Number is Not Acceptable) 4434 WINDERWOOD CIRCLE City ORLANDO FL Zip Code 32835	
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 <u><i>Susan Hightower, President</i></u> DATE <u>4/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT RODERICK, BARRY 4503 WINDERWOOD CIR ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Susan Hightower 4434 Winderwood Circle Orlando, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSE, JEFF 4433 WINDERWOOD CR ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Finn Flashner 4523 Winderwood Circle Orlando, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIOTT, BRAD 4402 WINDERWOOD CR ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Kim Poor 4434 Winderwood Circle Orlando, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Craig Kirkland 4504 Winderwood Circle Orlando, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u><i>Susan Hightower President</i></u> <u>4/22/05</u> <u>407-540-2218</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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03202005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0034430 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required