

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90102 020 \*\*\*\*61.25

**DOCUMENT # N29354**

1. Entity Name  
**WINDWOOD HOMEOWNERS' ASSOCIATION OF SOUTH  
LAKELAND, INC.**



Principal Place of Business  
**2029 WINDWOOD LN  
LAKELAND, FL 33813 US**

Mailing Address  
**2029 WINDWOOD LN  
LAKELAND, FL 33813 US**

**40109231**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**25-1570071**

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

7. Name and Address of New Registered Agent

**DOUGHERTY, MARSHALL  
2029 WINDWOOD LN  
LAKELAND, FL 33813**

Name **JOSEPH DAVIS**

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

**5829 WINDWOOD DR**

City **LAKELAND**

FL

Zip Code **33813**

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, 2007**

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 DOUGHERTY, MARSHALL  
STREET ADDRESS 2029 WINDWOOD LN  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE VP ☐ Delete  
NAME MURPHY, MIKE  
STREET ADDRESS 2011 WINDWOOD LN  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE S ☐ Delete  
NAME ZLOBIK, ROBBIE  
STREET ADDRESS 5803 WINDWOOD DR  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE T ☐ Delete  
NAME DAVIS, JOSEPH  
STREET ADDRESS 5829 WINDWOOD DR  
CITY-ST-ZIP LAKELAND, FL 33813

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 PD ☒ Change ☐ Addition  
NAME **JOSEPH DAVIS**  
STREET ADDRESS **5829 WINDWOOD DR.**  
CITY-ST-ZIP **LAKELAND, FL 33813**

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

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

TITLE T ☒ Change ☐ Addition  
NAME **RICHARD L. WREE**  
STREET ADDRESS **5877 WINDWOOD DR**  
CITY-ST-ZIP **LAKELAND, FL 33813**

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 exemptions contained in Chapter 119, 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: **RICHARD L. WREE**

**3/31/07**

**863-665-5707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
40109231  
Division of Corporations

## Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number	N29354
Business Entity Name	WINDWOOD HOMEOWNERS' ASSOCIATION OF SOUTH LAKELAND, INC.
FEI Number	251570071
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

### Principal Place of Business

Address	5877 WINDWOOD DRIVE
Suite, Apt. #, etc.	
City, State	LAKELAND, FL
Zip Code & Country	33813 US

### Mailing Address

Address	5877 WINDWOOD DRIVE
Suite, Apt. #, etc.	
City, State	LAKELAND, FL
Zip Code & Country	33813 US

### Name and Address of Registered Agent

Name (Last, First, Middle, Title)	RICHARD, WREE
Address	5877 WINDWOOD DRIVE
Suite, Apt. #, etc.	
City, State	LAKELAND, FL
Zip Code & Country	33813 US
Registered Agent Signature	RICHARD WREE

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**Officer/Director Name and Address**

#N29354

**Title** PD  
**Name (Last, First, Middle, Title)** JOE, DAVIS  
**Street Address** 5829 WINDWOOD DRIVE  
**City, State** LAKELAND, FL  
**Zip Code & Country** 33813

**Title** VP  
**Name (Last, First, Middle, Title)** MURPHY, MIKE  
**Street Address** 2011 WINDWOOD LN  
**City, State** LAKELAND, FL  
**Zip Code & Country** 33813

**Title** S  
**Name (Last, First, Middle, Title)** ZLOBIK, ROBBIE  
**Street Address** 5803 WINDWOOD DR  
**City, State** LAKELAND, FL  
**Zip Code & Country** 33813

**Title** T  
**Name (Last, First, Middle, Title)** RICHARD, WREE  
**Street Address** 5877 WINDWOOD DR  
**City, State** LAKELAND, FL  
**Zip Code & Country** 33813

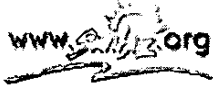
**Title** T  
**Officer/Director Signature** RICHARD WREE

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40109231

**Division of Corporations**

**Annual Report**

**Payment Page**

**Document Tracking # - 000088798350**

**Document Number # - N29354**

**The charge amount for your filing is \$61.25**

**Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an e-mail acknowledgement.**

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If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

Credit Card Payment

Please select the option below only if you have an established Sunbiz E-File Account and wish to file your annual report using your account. If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

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number

Password

E-mail Address

Sunbiz E-file Account Payment

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ATTACHMENT  
40109231  
#N29354

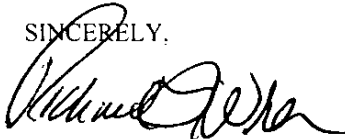
MAY 6, 2007

TO: FLORIDA DEPARTMENT OF STATE

I AM RETURNING THE COMPLETED FLORIDA DEPT. OF STATE ANNUAL REPORT FORM.

I BELIEVE THE FORM HAS BEEN PROPERLY COMPLETED AND ASSUME THERE WILL BE NO PENALTY FOR LATE SUBMISSION AS I HAD ORIGINALLY COMPLETED THE FORM ON-LINE AND SUBMITTED A CHECK ON MARCH 4, 2007.

SINCERELY,

A handwritten signature in black ink, appearing to read "Richard L. Wree", written over the word "SINCERELY,".

RICHARD L. WREE  
TREASURER  
WINDWOOD HOMEOWNERS' ASSOCIATION