FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N32940

(1)

MANAIDHARA	LAVEC	HOMEOWNERS!	ACCOCIATION	INIO
WINDHAM	LAKES	HUMEUWNERS.	ASSUCIATION.	INC.

Principa! Place	of Business	N						[1008401800810810840848108	TANCANTAL D		
	IG MANAGEMENT		3	ACCUEAN							
	DLE BLVD SUITE 172		C/O STERLING MANA 1301 SEMINOLE BLYD		172						
LARGO FL 3			LARGO FL 34640					Date Incorporated or Qualified	32 0	ate of Last	Donort
U\$			US					06/22/1989	3a. D	03/16/1	
2. Principal Pla	ace of Business	2a	Mailing Address					4. FEI Number			Applied For
21	21						59-2970884			Not Applicable	
Suite, Apt.	#, etc.	_	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional		
22		27					or defined of diffus position		Fee	Required	
City & State		20	City & State I				6. Election Campaign Financing			10 May Be	
Zip	Country	28	Zip Country				Trust Fund Contribution			d to Fees	
24	25	29	30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
L 	9. Name and Address of Curren		stered Agent	11				10. Name and Address of New Re			
					81	1	lame				
STERLIN	ig management				82	5	Street Addr	ess (P.O. Box Number is Not Acceptable	<u></u>		
1301 SEMINOLE BLVD.,SUITE 172									<u> </u>		
LARGO	FL 34640				83						
					84		City			85 Zig	p Code
							•		FL	_ ' ' '	
i or redisten	eo agent, or both, in the State of Fioric	ta Suct	ti chacae was author:	ized by th	bove-r e corpi	nam Ora	ied corpor Fon's boar	ation submits this statement for the purp rd of directors. I hereby accept the appoin	ose of ch ntment as	anging its registered	registered office.
familiar wit	n, and accept the obligations of, Secti	on 617	.0503, Florida Statute	es.				, , , , , , , , , , , , , , , , , , , ,		y	g
SIGNATURE _	Signature typed or perited name of registered agend	and the d	needs seen 200	VOIA El susta				J when renstating			
12.	OFFICERS AND	DIREC	CIORS	1:		11 5-13	cianos; re parso.	ADD TIONS OHANGES TO OFFIC	DATE ZEBS AND	D DIRECTO	DRS IN TO
TITLE	PD		DELETE	11	TITLE					Change	Addition
NAME	FESS, JACK			12	NAME					_	-
STREET ADDRESS	SR 54 & SCARBOROUGH DR	l		1.3	STREET	ADC	RESS				
CITY-ST-ZIP	WESLEY CHAPEL FL			14	CITY - S	T - 71	P				
TITLE	∀D		∑ €0ETETE	21	TITLE			I-P		Change	Add tion
NAME	BURCAW, FREDERICK H.	_		2.2	NAME		İ	FRED BURCAW 5.12.54 SCARBOROUGH	рn		
STREET ADDRESS	S.R. 54 & SCARBOROUGH D	H		23	STREET	ADC					
CITY-ST-ZIP TITLE	WESLEY CHAPEL FL.		€ ADDITE		4 CITY - S	ST-7	IP The state of th	nesucy lhaper, FI.	246	4D	
NAME (LYONS EDWA RD		DELETE	- 1	TITLE			eas Taylor		Change	Addition
STREET ADDRESS	OR 54 & SCARBORUUGA DR	ł			NAME	N EVE	1 35	rathocopak Coop			
CITY-ST-ZIP	WESLEY CHAPEL FL 33556				CITY-S		, ,	co. Box 7018 reskymapel, [1 339	35%		
TIFLE	DS		DELETE		TITLE	J . L	5	e caucience per (c) 5	<u>. يەرر د</u>	[X] Change	☐ Addition
NAME	HUBBATW, ROGER			4 :	2 NAME		12	lene Mickay		-	
STREET ADDRESS	8 866 WYNDBROOK COU RT			43	STREET	ADD	ORESS LC	quod cake decida			
CITY ST-ZIP	ODESSA FL 33556			4.4	CITY-S	f - 71		dessatic 33556			
TITLE	D		X] DELETE	5 1	TITLE		\$	Slake Darly		Change	Addition
NAME	R IGGS, KELL Y			5 2	NAME		E	stake Durty		•	
STREET ADDRESS	19 625 WYNDHAM LAKES D R			5 3	STHEEL	ADD	PRESS !	9701 wyndmill Cir			
City - ST - ZiP	ODESSA FL 33556		Finciere		CITY-S	T - ZI	ρ ()	KK5554 FL 3355 6			
TITLE			DELETE		TITLE					Change	☐ Addition
NAME STOCE ADDRESS					NAME						
STREET ADDRESS CITY-ST-ZIP					STREET						
14. I do hereb	y certify that the information supplied v	vith this	filing is voluntarily fun	mished an	CHIY-S' d does	s no	ot qualify fo	or the exemption stated in Section 119.0	7(3)(k) Fi	orida Statut	tes I furthor
certify that	the information indicated on this aimu	al recor	rf or supolemental and	nual recor	t is tru	in a	ad accurat	to anothat my signature shall have the sis report as required by Chapter 617, Flor	anna lagad	Leffaction if	f puado uador
appears in	Block 12 or Block 13 if changed, or e	man)i	tachnient with an add	dress.				s report as required by Original 0.77, Flor	ua dialiti	.ടം, വധ നിമ പ്	астр нате

SIGNATURE:

SNATURE AND LEVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

165/96 (85)93-2553

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R2E037 (12/95)