

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 10 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N43902 (8)
 1. Corporation Name
 WINDSOR HILL OF PORT ORANGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1394 S. WEMBLEY CR. PORT ORANGE FL 32124 US
 1394 S. WEMBLEY CR. PORT ORANGE FL 32124 US

3. Date Incorporated or Qualified
 06/18/1991

4. FEI Number
 59-3114823

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
 MEYERS, DAVID
 1376 HYDE PARK
 PORT ORANGE FL 32124

10. Name and Address of New Registered Agent

81 Name
 DON WOLFE

82 Street Address (P.O. Box Number is Not Acceptable)
 1381 HYDE PARK DRIVE

83

84 City
 PT. ORANGE FL 85 Zip Code
 32127

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: *Donald Wolfe*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD WOLFE	1.2 NAME	PD DONALD WOLFE
STREET ADDRESS	1381 HYDE PARK DR	1.3 STREET ADDRESS	1381 HYDE PARK
CITY-ST-ZIP	PT. ORANGE FL	1.4 CITY-ST-ZIP	PT ORANGE FL
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYERS, DAVE	2.2 NAME	VD JEFFREY SILLS
STREET ADDRESS	1376 HYDE PARK	2.3 STREET ADDRESS	1397 SURREY PARK DR.
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	PT. ORANGE FL
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, MARY	3.2 NAME	
STREET ADDRESS	1353 N. WEMBLEY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDICO, ALAN	4.2 NAME	
STREET ADDRESS	1394 S. WEMBLEY CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF SUMNER	5.2 NAME	
STREET ADDRESS	1385 HYDE PARK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald Wolfe* 9/2/98 760-8392
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E037 (5/98)