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May 06, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

05-06-1999 90191 047 \*\*\*61.25

DOCUMENT # N43902

1. Corporation Name

WINDSOR HILL OF PORT ORANGE HOMEOWNERS' ASSOCIATION, INC.

507335 - 90191 - 47

Principal Place of Business

1394 S. WEMBLEY CR.  
PORT ORANGE FL 32124  
US

Mailing Address

1394 S. WEMBLEY CR.  
PORT ORANGE FL 32124  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/18/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 1380 SURREY PARK DR

27

59-3114823

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 PTORANGE US

28

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32124 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, DON  
1381 HYDE PARK DRIVE  
PORT ORANGE FL 32124

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PD  DELETE  
NAME DONALD WOLFE  
STREET ADDRESS 1381 HYDE PARK DR  
CITY-ST-ZIP PT. ORANGE FL

1.1 TITLE VP  Change  Addition  
1.2 NAME MIKE HARRIS  
1.3 STREET ADDRESS 1379 HYDE PARK DR  
1.4 CITY-ST-ZIP PTORANGE FL 32124

TITLE VD  DELETE  
NAME SILLS, JEFFERY  
STREET ADDRESS 1397 SURREY PARK DR  
CITY-ST-ZIP PORT ORANGE FL

2.1 TITLE T  Change  Addition  
2.2 NAME JAMES DORSTEN  
2.3 STREET ADDRESS 1380 SURREY PARK DR  
2.4 CITY-ST-ZIP PT ORANGE FL 32124

TITLE D  DELETE  
NAME SOTO, MARY  
STREET ADDRESS 1353 N. WEMBLEY  
CITY-ST-ZIP PORT ORANGE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME MEDICO, ALAN  
STREET ADDRESS 1394 S. WEMBLEY CIR.  
CITY-ST-ZIP PORT ORANGE FL

4.1 TITLE D  Change  Addition  
4.2 NAME MEDICO, ALAN  
4.3 STREET ADDRESS 1394 S WEMBLEY CIR  
4.4 CITY-ST-ZIP PT ORANGE 32124

TITLE S  DELETE  
NAME JEFF SUMNER  
STREET ADDRESS 1385 HYDE PARK DRIVE  
CITY-ST-ZIP PT. ORANGE FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(i), 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

(904) 256-7486

Date

Daytime Phone #

CR2E037 (11/98)