

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90209 038 ****61.25

DOCUMENT # N43902

1. Entity Name

WINDSOR HILL OF PORT ORANGE HOMEOWNERS' ASSOCIAT

Principal Place of Business

Mailing Address

1380 SURREY PARK DR
 PORT ORANGE FL 32124
 US

1394 S. WEMBLEY CR.
 PORT ORANGE FL 32124-3759
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3114823

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

WOLFE, DON
1381 HYDE PARK DRIVE
PORT ORANGE FL 32124

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	DONALD WOLFE	1381 HYDE PARK DR	PT. ORANGE FL				
VD	SILLS, JEFFERY	1397 SURREY PARK DR	PORT ORANGE FL	TREASURER	JAMES DORSTEN	1360 SURREY PARK DR	PORT ORANGE FL
D	SOTO, MARY	1353 N. WEMBLEY	PORT ORANGE FL	JOHANNA SNYDER DIRECTOR	JOHANNA SNYDER	1372 S. WEMBLEY CR	PORT ORANGE FL
D	MEDICO, ALAN	1394 S. WEMBLEY CIR.	PORT ORANGE FL				
S	JEFF SUMNER	1385 HYDE PARK DRIVE	PT. ORANGE FL				
VP	HARRIS, MIKE	1379 HYPE PARK DR	PORT ORANGE FL 32124				

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: *James Dorsten* **REQUIRED** *DORSTEN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00 (907) 756-7496
 Date Daytime Phone #

CR2E037 (9/99)