

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90048 020 ****61.25

DOCUMENT # N93000002092

1. Entity Name

WINDSOR PARKE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**10036 SAWGRASS DR., STE. 1
 PONTE VEDRA BCH. FL 32082
 US**

**10036 SAWGRASS DR., STE. 1
 PONTE VEDRA BCH. FL 32082
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2527889

Applied For

Not Applicable

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

**ARENAS, PAT
 MAY MANAGEMENT
 10036 SAWGRASS DR., STE. 1
 PONTE VEDRA BCH. FL 32082**

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 ☒ Delete
 NAME **PD WILSON, JACKIE**
 STREET ADDRESS **13823 SUTTON PARK DRIVE NO.**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Change ☒ Addition
 NAME **P Gold, Robert**
 STREET ADDRESS **4026 Windsor Park Dr E**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE ☒ Delete
 NAME **TD BOURGUE, DENNIS**
 STREET ADDRESS **4248 ALESBURY DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Change ☒ Addition
 NAME **VP meding, Ernie**
 STREET ADDRESS **4039 Glenhurst Dr N**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE ☒ Delete
 NAME **D MOORE, DAVID**
 STREET ADDRESS **13839 HEATHFORD DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Change ☒ Addition
 NAME **S McLeod, Laura**
 STREET ADDRESS **8850 Freedom Crossing #103**
 CITY-ST-ZIP **Jacksonville, FL 32254**

TITLE ☒ Delete
 NAME **D ECKSTROM, BRENDA**
 STREET ADDRESS **13700 N SUTTON PARK DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Change ☒ Addition
 NAME **Putz, Joe**
 STREET ADDRESS **4398 Richmond Park Dr E.**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **McCarthy, Dennis**
 STREET ADDRESS **4508 Hanover Park Dr**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Swindell, Bruce**
 STREET ADDRESS **4010 Windsor Park Dr E**
 CITY-ST-ZIP **Jacksonville, FL 32224**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)