2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90040 030 ****61.25

J00135071

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1. Entity Name
WINDSOR OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
101 PARK PLACE
STE. 2
KISSIMMEE, FL 34741

Mailing Address
101 PARK PLACE
STE. 2
KISSIMMEE, FL 34741

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

01112005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2629453 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ASSOC. MGMT. GRP OF CNTRL. FL., INC.
101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee Is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☒ Delete	TITLE	PD ☐ Change ☒ Addition
NAME	HERIBERTO, MARTE	NAME	Wilda Caamano
STREET ADDRESS	1631 WINDSOR OAK CT	STREET ADDRESS	1644 Windsor Oak Ct.
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	TD ☒ Delete	TITLE	VPD ☐ Change ☒ Addition
NAME	MORGANTI, JULISSA	NAME	Charlie Konitski
STREET ADDRESS	1638 WINDOSR OAK COURT	STREET ADDRESS	1616 Windsor Oak Ct.
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	VP ☒ Delete	TITLE	TD ☐ Change ☒ Addition
NAME	CASANOVA, LOURDES	NAME	Alvaro Solano
STREET ADDRESS	1627 WINDSOR OAK COURT	STREET ADDRESS	1639 Windsor Oak Ct.
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] 2/2/05 407 460 6265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #