

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000472 (9)

1. Corporation Name

WINFIELD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

401 W COLONIAL DR
SUITE 7
ORLANDO FL 32804

401 W COLONIAL DR
SUITE 7
ORLANDO FL 32804

3. Date Incorporated or Qualified

01/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

3925590
59-3925590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FANT, JAMES H
401 W COLONIAL DR
SUITE 7
ORLANDO FL 32804

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME FANT, JAMES H
STREET ADDRESS 401 W COLONIAL DR SUITE 7
CITY-ST-ZIP ORLANDO FL 32804

TITLE STD ☒ DELETE
NAME CRENSHAW, JAMES L
STREET ADDRESS 401 W COLONIAL DR SUITE 7
CITY-ST-ZIP ORLANDO FL 32804

TITLE VD ☐ DELETE
NAME MACARTHUR, WILLIAM H
STREET ADDRESS 401 W COLONIAL DR SUITE 7
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE STD ☐ Change ☒ Addition
2.2 NAME ELIZABETH S. COMANT
2.3 STREET ADDRESS 401 W. COLONIAL DR, SUITE 7
2.4 CITY-ST-ZIP ORLANDO, FL 32804

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME VERA LEGG
3.3 STREET ADDRESS 401 W. COLONIAL DR, STE 7
3.4 CITY-ST-ZIP ORLANDO, FL 32804

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Elizabeth Comant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH COMANT

4/2/96

(407) 405-8276

CR2E037 (12/95)