

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90062 017 ****61.25

DOCUMENT # N95000001338

1. Entity Name

**WINDSOR MOBILE HOME PARK HOMEOWNERS
ASSOCIATION OF KISSIMMEE, INC.**



Principal Place of Business

**C/O JOHN C. COYLE
4 SATURN CIRCLE
KISSIMMEE FL 34746**

Mailing Address

**C/O JOHN C. COYLE
4 SATURN CIRCLE
KISSIMMEE FL 34746**

44013684



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3337884

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COYLE, JOHN C
4 SATURN CIRCLE
KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name **LINDA KNAPP**

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

6 UNIVERSAL DR.

City **KISSIMMEE**

FL

Zip Code
34746

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

Linda Knapp, Treasurer

LINDA KNAPP, TREAS.

2-9-04

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
Due By May 1, 2004**

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

TITLE PD
NAME COYLE, JOHN C ☒ Delete
STREET ADDRESS 4 SATURN CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE VD
NAME BRANBACK, GEORGE ☒ Delete
STREET ADDRESS 17 MARS LANE
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE TD
NAME BRANBACK, GERALDINE ☒ Delete
STREET ADDRESS 17 MARS LANE
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **Robert Bensch**
STREET ADDRESS **102 UNIVERSAL DR**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **V. PRES.** ☐ Change ☒ Addition
NAME **EDIE WATTS**
STREET ADDRESS **16 MARS LANE**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **MARILYN WOOD**
STREET ADDRESS **15 MARS LANE**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Linda Knapp

LINDA KNAPP

2-9-04

407-944-4942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #