

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000001338

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



Principal Place of Business

**BARRY SWIFT
53 URANIUS ST
KISSIMMEE, FL 34746**

Mailing Address

**BARRY SWIFT
53 URANIUS ST
KISSIMMEE, FL 34746**



02102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**WOOD, MARILYN B
15 MARS LANE
KISSIMMEE, FL 34746**

**DO NOT WRITE
IN THIS SPACE**

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

MARILYN B. WOOD, Secy.

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

(NOTE: Registered Agent signature required when reinstating)

2/26/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000653160
03/13/07-800009-008 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SWIFT, BARRY
53 URANIUS ST
KISSIMMEE, FL 34746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
STOCKHOLM, JOYCE
11 PLUTO LANE
KISSIMMEE, FL 34746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WOOD, MARILYN
15 MARS LANE
KISSIMMEE, FL 34746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KNAPP, LINDA
6 UNIVERSAL DR
KISSIMMEE, FL 34746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Marilyn B. Wood (MARILYN B. WOOD)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07-407-343-6263

Date

Daytime Phone #