

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90018 034 ****61.25

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

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

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, 2008**

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

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

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

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

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

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

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

TITLE TREAS ☐ Change ☒ Addition
NAME SHERON DESHAZER
STREET ADDRESS 64 MOON LN.
CITY- ST- ZIP KISSIMMEE, FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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 exemptions contained in Section 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: **BARRY C SWIFT** *Barry C Swift*

2/11/08

467 935 1222