

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001338

**FILED**  
**Jun 28, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

STEVE ATKINS  
62 MOON LN  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

SHERON DESHAZER  
64 MOON LN  
KISSIMMEE, FL 34746

**Current Mailing Address:**

STEVE ATKINS  
62 MOON LN  
KISSIMMEE, FL 34746

**New Mailing Address:**

SHERON DESHAZER  
64 MOON LN  
KISSIMMEE, FL 34746

**FEI Number:** 59-3337884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRZYWACZ, SANDRA  
82 UNIVERSAL  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

DESHAZER, SHERON  
64 MOON LN  
KISSIMMEE, FL 34746 US

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.

SIGNATURE: SHERON DESHAZER

06/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KNOWLENGER, LARRY  
Address: 27 VENUS  
City-St-Zip: KISSIMMEE, FL 34746

Title: VD  
Name: HASSLER, RICHARD  
Address: 67 VENUS  
City-St-Zip: KISSIMMEE, FL 34746

Title: S  
Name: DESHAZER, SHERON  
Address: 64 MOON LN.  
City-St-Zip: KISSIMMEE, FL 34746

Title: T  
Name: DESHAZER, SHERON  
Address: 64 MOON LN  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERON DESHAZER

S/T

06/28/2010

Electronic Signature of Signing Officer or Director

Date