

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90004 020 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COYLE, JOHN C
4 SATURN CIRCLE
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

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	<input type="checkbox"/> Delete
NAME	COYLE, JOHN C	
STREET ADDRESS	4 SATURN CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRANBACK, GEORGE	
STREET ADDRESS	17 MARS LANE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRANBACK, GERALDINE	
STREET ADDRESS	17 MARS LANE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYLE JOHN C	
STREET ADDRESS	4 SATURN CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	George Branback	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17 MARS LANE VD	
STREET ADDRESS	KISSIMMEE FL 34746	
CITY-ST-ZIP		
TITLE	Branback Geraldine	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17 Mars Lane ID	
STREET ADDRESS	Kissimmee FL 34746	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

1-2-03 (407) 933-6810

CR2E037 (10/02)