

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90118 015 ****61.25

DOCUMENT # N95000001829

1. Entity Name
MAGNOLIA PARK OF WINDERMERE
HOMEOWNERS ASSOCIATION, INC. ✓



DO NOT WRITE IN THIS SPACE

10016133

2. Principal Place of Business
4434 BEGONIA CT.

3. Mailing Address
4434 BEGONIA CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WINDERMERE FL

City & State
WINDERMERE FL

Zip
34786

Country
USA

Zip
34786

Country
USA

4. FEI Number
59-3343459

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ANN D. WINCEY, SECRETARY

Street Address (P.O. Box Number is Not Acceptable)
4434 BEGONIA CT.

City
WINDERMERE

FL

Zip
34786

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 Ann D. Wincey ANN D. WINCEY, SECRETARY 1/27/03

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT, DIR</u> <u>ELIZABETH A. MCGINLEY</u> <u>4457 BEGONIA CT.</u> <u>WINDERMERE FL 34786</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V. PRES., DIR</u> <u>E. WILLIAM KOERBER</u> <u>4465 BEGONIA CT</u> <u>WINDERMERE FL 34786</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY, DIR</u> <u>ANN WINCEY</u> <u>4434 BEGONIA CT.</u> <u>WINDERMERE FL 34786</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER, DIR</u> <u>MARY ANN VERMILION</u> <u>13517 MAGNOLIA PARK CT.</u> <u>WINDERMERE FL 34786</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: Ann D. Wincey ANN D. WINCEY 1-27-03 407-656-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)