

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90005 004 ****61.25

018097

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003876

1. Corporation Name
WIN-GATE VILLAGE CLUB ASSOCIATION, INC.

Principal Place of Business
 10722 GATEWAY AVE
 ORLANDO FL 32821
 US

Mailing Address
 10722 GATEWAY AVE
 ORLANDO FL 32821
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3399786	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUFFMAN, WM. LES 10722 GATEWAY AVE ORLANDO FL 32821				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD MANOES, JOE	1.1 TITLE	TD DOHER, JOSEPH
NAME	10714 WILLIAM TELL DR	1.2 NAME	10636 WHITHAM CIRCLE
STREET ADDRESS	ORLANDO FL	1.3 STREET ADDRESS	ORLANDO, FL 32821
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GLEINER, FRANCES	2.1 TITLE	D DIANA BROWN
NAME	10637 WATERTOWN CT	2.2 NAME	10719 WESTBROOK DR.
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	ORLANDO, FL 32821
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD HUFFMAN, WILLIAM LES	3.1 TITLE	SD SALL, PATRICIA
NAME	10653 WILLIAM TELL DRIVE	3.2 NAME	10666 WM. TELL DR.
STREET ADDRESS	ORLANDO FL 32821	3.3 STREET ADDRESS	ORLANDO, FL 32821
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD SHERMAN, BARBARA	4.1 TITLE	
NAME	10842 WHEATON CT	4.2 NAME	
STREET ADDRESS	ORLANDO FL 32821	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD SWALLWOOD, HARRIET	5.1 TITLE	
NAME	5330 WEBB CT	5.2 NAME	
STREET ADDRESS	ORLANDO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D LEWBEL, PHYLLIS	6.1 TITLE	
NAME	5321 WILLIAMS PORT DR	6.2 NAME	
STREET ADDRESS	ORLANDO FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Les Huffman* 11 March '99 (407) 352-1682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)