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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90200 043 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000002802

1. Corporation Name

WINDERMERE BOTANICAL GARDEN, INC.

Principal Place of Business

**2582 SOUTH MAGUIRE ROAD #382
OCOE FL 34761**

Mailing Address

**2582 SOUTH MAGUIRE ROAD #382
OCOE FL 34761**



2. Principal Place of Business

21 11947 Lake Butler Blvd

Suite, Apt. #, etc.

**22 City & State
Windermere, FL**

**23 Zip Country
34786 USA**

2a. Mailing Address

26 P.O. Box 1818

Suite, Apt. #, etc.

**27 City & State
Windermere, FL**

**28 Zip Country
34786 USA**

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

59-3511108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**AZZOUZ, WESLEY B
2582 SOUTH MAGUIRE ROAD #382
OCOE FL 34761**

10. Name and Address of New Registered Agent

81 Name

Kevin H. Azzouz

82 Street Address (P.O. Box Number is Not Acceptable)

12326 Park Avenue

83 **Windermere, FL 34786**

84 City

FL

85 Zip Code

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 **Kevin H. Azzouz**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE
TITLE **D**
NAME **AZZOUZ, KEVIN H**
STREET ADDRESS **2582 SOUTH MAGUIRE ROAD #382**
CITY-ST-ZIP **OCOE FL 34761**

☐ DELETE
TITLE **D**
NAME **AZZOUZ, WESLEY B**
STREET ADDRESS **2582 SOUTH MAGUIRE ROAD #382**
CITY-ST-ZIP **OCOE FL 34761**

☐ DELETE
TITLE **D**
NAME **BARBER, THADDEUS M**
STREET ADDRESS **2582 SOUTH MAGUIRE ROAD #382**
CITY-ST-ZIP **OCOE FL 34761**

☐ DELETE
TITLE
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STREET ADDRESS
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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

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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: **Kevin H. Azzouz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 876 8282

Date

Daytime Phone #

CR2E037 (1/98)