

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90216 011 ***550.00

DOCUMENT # P97000007921

1. Entity Name
WINDWARD APARTMENTS OF ORLANDO, INC.



Principal Place of Business
**1744 BOWEN DRIVE
ORLANDO FL 32822**

Mailing Address
**1275 BENNETT DRIVE
SUITE 200
LONGWOOD FL 32750**

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 **59-3440014**

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

**HERSHKOVICH, ISSAC
1275 BENNETT DRIVE
SUITE 200
LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name **Hershkovich Itzhak**

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

(NOTE: Registered Agent signature required when reinstating)

4/24/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, JENNIFER	
STREET ADDRESS	1400 DEVON ROAD, WINTER PARK	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERSHKOVITCH, ISSAC	
STREET ADDRESS	1275 BENNETT DR, STE 200	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David C. Brennan	
STREET ADDRESS	201 E. Pine St. Ste. 425	
CITY-ST-ZIP	Orlando, FL 32802	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Itzhak Hershkovich	
STREET ADDRESS	1275 Bennett Dr. Ste. 200	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

407-865-5711
Daytime Phone #

CR2E034 (10/02)

Attachment

90132740
H-79700007921

SAME NAME AFFIDAVIT OF ITSHAK HERSHKOVICH

STATE OF FLORIDA

COUNTY OF SEMINOLE

BEFORE ME, personally appeared, Itshak Hershkovich, who, after first being duly sworn, deposes and states as follows:

1. My name is Itshak Hershkovich; I am over the age of eighteen (18) years; and I make this Affidavit from matters within my own personal knowledge.

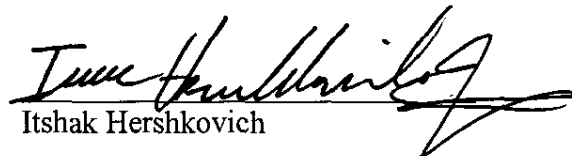
2. The Affiant is the person having knowledge about the transactions, facts and circumstances discussed in this Affidavit.

3. I am the same person as Issac Hershkovich.


4. I am the same person as Itshak Hershkovitch.

5. I am the same person as Itzhak Hershkovitch.

FURTHER AFFIANT SAYETH NAUGHT.


Itshak Hershkovich

SWORN TO AND SUBSCRIBED before me this 24th day of April, 2003. Affiant is personally known to me X or has produced the valid identification .

 Michele Gardner
My Commission CC841093
Expires July 6, 2003


Notary Public
My Commission Expires: