


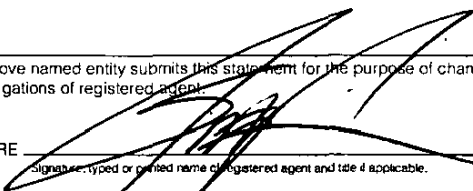
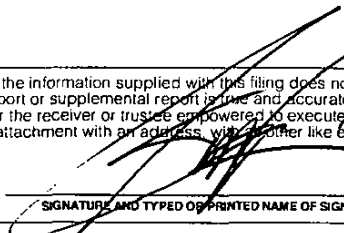
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90032 037 \*\*\*\*61.25

**40042264**



<b>DOCUMENT # 722836</b>					
1. Entity Name WINDERMERE DOWNS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business HEMPEL AVE PO BOX 6 GOTHA, FL 34734		Mailing Address HEMPEL AVE PO BOX 6 GOTHA, FL 34734		03192005 Chg-NP CR2E037 (10/03)  4. FEI Number 59-1555936 Applied For Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEFEVERS, CHUCK 9723 PLEASANCE CIR WINDERMERE, FL 34786				Name <b>Seth Foster</b> Street Address (P.O. Box Number is Not Acceptable) <b>9850 Quail Cove Ct.</b>  City & State <b>Windermere FL 34786</b>	
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 				Seth Foster, President 3/21/05	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHREVE, ROBERT		NAME	Seth Foster	
STREET ADDRESS	9605 HOLLYGLEN PL		STREET ADDRESS	9850 Quail Cove Ct.	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	Windermere, FL 34786	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERVAR, DICK		NAME	Ed Read	
STREET ADDRESS	1708 WOODY DR		STREET ADDRESS	9605 Hollyglen Pl.	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	Windermere, FL 34786	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, SETH		NAME	Brad Strahm	
STREET ADDRESS	9850 QUAIL COVE CT		STREET ADDRESS	2557 Meadowview Cir.	
CITY-ST-ZIP	WINDERMERE, FL 34876		CITY-ST-ZIP	Windermere, FL 34786	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDAMAN, ANDREW A		NAME	(SD remains unchanged)	
STREET ADDRESS	1739 WINDERMERE DOWN PL		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.					
SIGNATURE: 				Seth Foster 3/21/05 407-294-6794	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	