


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90002 022 ****61.25

DOCUMENT # 722836					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02182008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1555936	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FOSTER, SETH 9850 QUAIL COVE CT WINDERMERE, FL 34786			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARDAMAN, ASIM		NAME	Cumming, Sally	
STREET ADDRESS	1739 WINDERMERE DOWNS PLACE		STREET ADDRESS	1963 Maple Leaf Drive	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	Windermere, FL 34786	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	READ, ED		NAME	Webb, Michelle	
STREET ADDRESS	9605 HOLLYGLEN PL		STREET ADDRESS	9708 Nearwater Placê	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	Windermere FL 34786	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, SARAH		NAME		
STREET ADDRESS	1726 MAPLE LEAF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, JOE		NAME		
STREET ADDRESS	9650 WILD OAK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ARLENE		NAME		
STREET ADDRESS	2524 WATERVIEW PLACE		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDEWIG, JOHN		NAME		
STREET ADDRESS	9760 WILD OAK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.					
SIGNATURE: _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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