

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722836

FILED  
Jan 19, 2010  
Secretary of State

**Entity Name:** WINDERMERE DOWNS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

WINDERMERE DOWNS PLACE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

HEMPEL AVE  
PO BOX 6  
GOTHA, FL 34734

**New Mailing Address:**

FEI Number: 59-1555936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEBSTER, DONALD  
9850 QUAIL COVE CT  
WINDERMERE, FL 34786 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WEBSTER, DONALD  
Address: 9850 QUAIL COVE COURT  
City-St-Zip: WINDERMERE, FL 34786

Title: VD  
Name: READ, ED  
Address: 9605 HOLLYGLEN PL  
City-St-Zip: WINDERMERE, FL 34786

Title: TD  
Name: WINN, TOM  
Address: 2001 WOODY DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: SD  
Name: GERLANDER, TIM  
Address: 9834 QUAIL COVE COURT  
City-St-Zip: WINDERMERE, FL 34786

Title: D  
Name: LONG, GEORGIA  
Address: 9700 PLEASANCE CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

Title: D  
Name: HIRSCH, SHARI  
Address: 9810 QUAIL COVE COURT  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD WEBSTER

PRES

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date