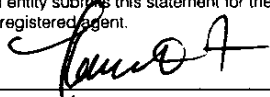
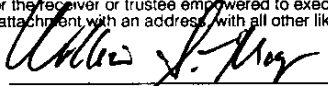


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90011 047 ****61.25

DOCUMENT # N01000002394 1. Entity Name WINDERMERE RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1750 W BRAODWAY ST 118 OVIEDO, FL 32765			Mailing Address 1750 W BRAODWAY ST 118 OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
02222007 Chg-NP CR2E037 (12/06)			4. FEI Number 01-0576659		
5. Certificate of Status Desired ☐			Applied For Not Applicable		
6. Name and Address of Current Registered Agent DAVIS, KEVIN M COMMUNITY MGMT SPECIALISTS INC 1750 W BROADWAY ST, #118 OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name 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  DATE 					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAUER, MARILYN 8200 LYNCH DR ORLANDO, FL 32835	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lindsey, Rob 8206 Lynch Drive Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORENO, ANTHONY 3541 KING RIDGE DR ORLANDO, FL 32835	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPP, AL 3211 KING GEORGE DR ORLANDO, FL 32820	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRASHEL, LARRY 3469 KING GEORGE DR ORLANDO, FL 32835	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, BILL 3709 SIR ANDREW ST ORLANDO, FL 32835	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 			3/26/07 35920		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		