

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90053 032 ****61.25

DOCUMENT # N01000002394					
1. Entity Name WINDERMERE RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1750 W BROADWAY ST 118 OVIEDO, FL 32765			Mailing Address 1750 W BROADWAY ST 118 OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box # 1750 W. Broadway St		3. Mailing Address PO BOX 620368			
Suite, Apt. #, etc. Suite #220		Suite, Apt. #, etc.			
City & State Oviedo, FL		City & State Oviedo, FL		4. FEI Number 01-0576659	
Zip 32765		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: Kevin Davis Street Address (P.O. Box Number is Not Acceptable): 1750 W. Broadway St. Suite #220 City: Oviedo FL Zip Code: 32762		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
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	NAME BAUER, MARILYN	<input type="checkbox"/> Delete	TITLE D	NAME Neil Woolf	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8200 LYNCH DR	CITY-ST-ZIP ORLANDO, FL 32835		STREET ADDRESS 3714 Sir Andrew St	CITY-ST-ZIP Orlando, FL 32835	
TITLE VPD	NAME MORENO, ANTHONY	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Bauer, Marilyn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3541 KING RIDGE DR	CITY-ST-ZIP ORLANDO, FL 32835		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME CAPP, AL	<input type="checkbox"/> Delete	TITLE PD	NAME May, Bill	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3211 KING GEORGE DR	CITY-ST-ZIP ORLANDO, FL 32820		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME LINDSEY, ROB	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8206 LYNCH DRIVE	CITY-ST-ZIP ORLANDO, FL 32835		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME MAY, BILL	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3709 SIR ANDREW ST	CITY-ST-ZIP ORLANDO, FL 32835		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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: <u>William S. May</u> William S. May			Date: <u>March 8, 2008</u> 321-945-1913		