

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N03000010914

Entity Name: WINDWARD AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

12350 SW 132 CT
SUITE 114
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12350 SW 132 CT
SUITE 114
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-0732155 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EISINGER, ESQ., DENNIS
4000 HOLLYWOOD BLVD.
SUITE #265S
HOLLYWOOD, FL 33021 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 () Delete
Name: CANCHOLA, ELIZABETH
Address: 7702 NW 114 PL
City-St-Zip: DORAL, FL 33178

Title: VPD () Delete
Name: ARCELUS, DELIA
Address: 7881 NW 116 AVE
City-St-Zip: DORAL, FL 33178

Title: TD () Delete
Name: ZAPATA, JAIRO
Address: 7768 NW 116 AVE
City-St-Zip: DORAL, FL 33178

Title: SD () Delete
Name: CARRERA, NADIA
Address: 7815 NW 116 AVE
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: OAKLEY, DIANE
Address: 11502 NW 77 LANE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ANIBEL, RUBI
Address: 7652 NW 114 PL
City-St-Zip: DORAL, FL 33178

Title: D (X) Change () Addition
Name: PONS, ARLENE
Address: 7635 NW 115 CT
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH CANCHOLA

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date