

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 07, 2012
Secretary of State

DOCUMENT# N03000010965

Entity Name: WINDSOR HILLS MASTER COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779**New Principal Place of Business:**2600 OLD LAKE WILSON ROAD
KISSIMMEE, FL 34747**Current Mailing Address:**2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779**New Mailing Address:**55 NEW ORLEANS ROAD
HILTON HEAD ISLAND, SC 29928

FEI Number: 32-0116471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:**Name and Address of New Registered Agent:**SKELLY, DOUGLAS
2300 WYNDHAM PALMS WAY
KISSIMMEE, FL 34747 US

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: DOUGLAS N. SKELLY

03/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: QUINN, DEANNA
Address: 2600 OLD LAKE WILSON ROAD
City-St-Zip: KISSIMMEE, FL 34747

Title: VPD
Name: PYLE, JEFFREY
Address: 2600 OLD LAKE WILSON ROAD
City-St-Zip: KISSIMMEE, FL 34747

Title: SD
Name: NELSON, STAN
Address: 2600 OLD LAKE WILSON ROAD
City-St-Zip: KISSIMMEE, FL 34747

Title: TD
Name: NICOTERA, JOSEPH
Address: 2600 OLD LAKE WILSON ROAD
City-St-Zip: KISSIMMEE, FL 34747

Title: D
Name: VAZZANA, JAMES
Address: 2600 OLD LAKE WILSON ROAD
City-St-Zip: KISSIMMEE, FL 34747

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: DOUGLAS N. SKELLY

RA

03/07/2012

Electronic Signature of Signing Officer or Director

Date