


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90031 038 ****61.25

DOCUMENT # N04000010249					
1. Entity Name WINDERMERE COUNTRY CLUB FOUNDATION, INC.					
Principal Place of Business 2710 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786			Mailing Address 2710 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 14-1908881	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUSTAFSON, JOE 13559 BANANA BAY DRIVE WINTER GARDEN, FL 34787			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 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	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAFSON, JOE		NAME		
STREET ADDRESS	13559 BANANA BAY DRIVE		STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	VICE CHAIRPERSON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHTOWER, KIM		NAME	TERESA BARR	
STREET ADDRESS	18914 LAKE ROBERTS COURT		STREET ADDRESS	109 BRADLOCH DRIVE	
CITY-ST-ZIP	WINDERMERE, FL 34789		CITY-ST-ZIP	OCOCHEE, FLORIDA 34761	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULTZ, JERRY		NAME	WILLE BONNER	
STREET ADDRESS	132 CALLIOPE STREET		STREET ADDRESS	12807 BUTLER BAY COURT	
CITY-ST-ZIP	OCOCHEE, FL 34761		CITY-ST-ZIP	WINDERMERE FLORIDA 34786	
TITLE		<input type="checkbox"/> Delete	TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MARL GUISEPP	
STREET ADDRESS			STREET ADDRESS	2710 BUTLER BAY DRIVE NORTH	
CITY-ST-ZIP			CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>J. Gustafson</i>		J. GUSTAFSON		7/16/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone # 407-654-9004	