


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90044 015 ****61.25

DOCUMENT # N04505

1. Entity Name
WINDERMERE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 700 WINDERMERE WAY
 PALM BEACH GARDENS, FL 33418

Mailing Address
 19310 COMMERCE LN
 #1
 JUPITER, FL 33458 US

40005037



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01172005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
INGLIS, STEVE PCAM
1930 COMMERCE LN
#1
JUPITER, FL 33458

4. FEI Number
59-2506456

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	HART, JOYCE	
STREET ADDRESS	872 WINDERMERE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUBSCHMAN, PATRICIA	
STREET ADDRESS	710 WINDERMERE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAILLARD, LOIS	
STREET ADDRESS	830 WINDERMERE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOBEL, STEPHEN	
STREET ADDRESS	918 WINDERMERE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JAMES, CIULLA	
STREET ADDRESS	823 WINDERMERE WAT	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMAND, VARI	
STREET ADDRESS	896 WINDERMERE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joyce R. Hart _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____