


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90142 048 ****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**

50003482



2. Principal Place of Business

3. Mailing Address
1930 COMMERCE LANE

Suite, Apt. #, etc.
 Suite, Apt. #, etc.
#1

02132006 Chg-NP CR2E037 (11/05)

City & State
JUPITER

4. FEI Number
59-2506456

Applied For
 Not Applicable

Zip Country
33458 USA

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

6. Name and Address of Current Registered Agent

**INGLIS, STEVE PCAM-
 1930 COMMERCE LN
 #1
 JUPITER, FL 33458**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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 STB PRESIDENT	<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 TREASURER	<input type="checkbox"/> Delete
NAME JAMES, CIULLA	
STREET ADDRESS 823 WINDERMERE WAY	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
TITLE D	<input checked="" 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 PRESIDENT	<input checked="" 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 TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAURICE A. LEVY	
STREET ADDRESS 856 WINDERMERE WAY	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418	

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: Joyce R. Hart Joyce R. Hart 3/17/06 561-626-3163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #