

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008780

FILED
Apr 29, 2009
Secretary of State

Entity Name: GULFWINDS OF PASCO COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

Current Mailing Address:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

FEI Number: 20-3418568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JUNE, ROB
Address: 2630 S FALKENBURG RD
City-St-Zip: RIVERVIEW, FL 33569 US

Title: DVP () Delete
Name: HENSLEY, CHRIS
Address: 2630 S FALKENBURG RD
City-St-Zip: RIVERVIEW, FL 33569 US

Title: DST () Delete
Name: HERMINA, MANNY
Address: 2630 S FALKENBURG RD
City-St-Zip: RIVERVIEW, FL 33569 US

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:

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: REBECCA FURLOW

AGNT

04/29/2009

Electronic Signature of Signing Officer or Director

Date