

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008306

FILED
Feb 19, 2009
Secretary of State

Entity Name: WINDING FOREST HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2753 E US H'WAY 90
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1733
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 20-5368371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLARD, CHRIS A
212 N. MARION STREET
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BULLARD, CHRIS A
Address: 212 N MARION STREET
City-St-Zip: LAKE CITY, FL 32055

Title: DV () Delete
Name: BULLARD, AUDREY S
Address: P.O. BOX 1733
City-St-Zip: LAKE CITY, FL 32056

Title: DT () Delete
Name: MCARDLE, ELIZABETH B
Address: PO BOX 766
City-St-Zip: LAKE CITY, FL 320560766

Title: DS () Delete
Name: HANOVER, HOLLY
Address: P.O. BOX 1733
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BULLARD, CHRIS A
Address: PO BOX 1432
City-St-Zip: LAKE CITY, FL 32056

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: CHRIS A BULLARD

P

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date