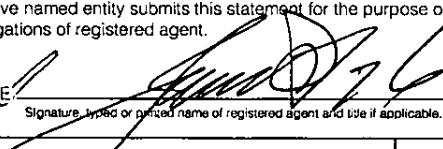
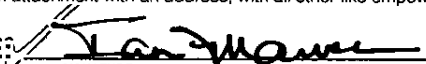


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90057 031 ****61.25

DOCUMENT # N40073 1. Entity Name WINDING CREEK OWNERS ASSOCIATION, INC.					
Principal Place of Business PENN FIRST-BOYLE MANAGEMENT INC 498 PALM SPGS DR #235 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address PENN FIRST-BOYLE MANAGEMENT INC 498 PALM SPGS DR #235 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3111368	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PENN FIRST-BOYLE MANAGEMENT 498 PALM SPRINGS DR #235 ALTAMONTE SPRINGS, FL 32701				Name Boyle Management Services Inc 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  3/13/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	LIZ MORAN, SECITREAS ☐ Change ☒ Addition	
NAME	RAMOS, KEN		NAME	1026 OLD BARN ROAD	
STREET ADDRESS	927 LITTLE CREEK RD		STREET ADDRESS	ORLANDO, FL 32828	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	☒ Delete	TITLE	DVP ☐ Change ☒ Addition	
NAME	SANTANA, NICK		NAME	James Troy Clements	
STREET ADDRESS	1066 LITTLE CREEK		STREET ADDRESS	10257 Winding Creek Lane	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825	
TITLE	ST	☐ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition	
NAME	MANSER, IAN		NAME	PRESIDENT	
STREET ADDRESS	994 LITTLE CREEK RD		STREET ADDRESS	PRESIDENT	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	PRESIDENT	
TITLE	V	☐ Delete	TITLE	DIRECTOR ☒ Change ☐ Addition	
NAME	WILLIS, JOHN		NAME	DIRECTOR	
STREET ADDRESS	808 RIVECON AVE		STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	DIRECTOR	
TITLE		☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition	
NAME			NAME	ANTHONY SGRO	
STREET ADDRESS			STREET ADDRESS	10343 LITTLE CON ST.	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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:  IAN J. MANSER 3/13/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					