

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N44960

Entity Name: WINDWARD CAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3085569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC
2180 W SR 434, SUITE 5000
LONGWOOD, FL 21779 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: PD () Delete
Name: JONES, ROSE
Address: 4809 PLINY CT
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: DIXON, MICHAEL
Address: 4811 PLINY CT
City-St-Zip: KISSIMMEE, FL 34746

Title: STD () Delete
Name: HENKEN, DON
Address: 4776 WINDWOOD DR
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: DIXON, MICHAEL
Address: 4811 PLINY CT
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Delete
Name: ASPEY, GORDON
Address: 4708 WINDWOOD DR
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: BOYD, KEN
Address: 4817 PLINY CT
City-St-Zip: KISSIMMEE, FL 34746

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:

Title: VPD (X) Change () Addition
Name: BROOKS, KENT
Address: 4733 ALEXIS DR
City-St-Zip: KISSIMMEE, FL 34746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOYD, KEN
Address: 3496 MCCORMICK WOODS DR
City-St-Zip: OCOEE, FL 34761

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: ROSE JONES

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date