

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N95000005419

Entity Name: WINDANCER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PKWY
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-3368858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELDER, JAY
10221 EMERALD COAST PKWY
SUITE 23
MIRAMAR BEACH, FL 32550 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: SD () Delete
Name: GIRARD, ROBERT
Address: 781 CUMERLAND HILLS DR
City-St-Zip: HENDERSON, TN 37075 US

Title: VPD () Delete
Name: RUSSO, MICHAEL
Address: 3067 WATERFORD DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: PTD () Delete
Name: FRYE, BOBBY R
Address: 4049 DRIFTING SAND TRAIL
City-St-Zip: DESTIN, FL 32541 US

Title: D () Delete
Name: SMITH, MARK
Address: 196 FAIRWAYS DRIVE
City-St-Zip: VICKSBURG, MS 39183 US

Title: D () Delete
Name: SMITH, JAMES
Address: 16557 STRAIN RD.
City-St-Zip: BATON ROUGE, LA 70816 US

Title: D () Delete
Name: SCANLON, CHUCK
Address: 13501 GEORGIA DRIVE
City-St-Zip: APPLE VALLEY, MN 55124 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:

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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: BOB FRYE

PTD

03/24/2009

Electronic Signature of Signing Officer or Director

Date