


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90040 004 \*\*\*\*61.25

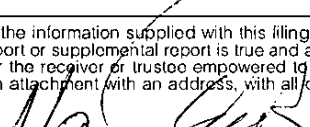
<b>DOCUMENT # N99000007446</b>			
1. Entity Name <b>ISLES OF WINDERMERE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>12741 WINDERMERE ISLES PL WINDERMERE FL 34786</b>		Mailing Address <b>12741 WINDERMERE ISLES PL WINDERMERE FL 34786</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>CHEEK, ELWYN J 12741 WINDERMERE ISLES PLACE WINDERMERE FL 34786</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			



1st MOORE CR2E037 (10/06)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST / ZIP	PD CHEEK, ELWYN 12741 WINDERMERE ISLES PL WINDERMERE FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	VD HILL, SANDRA 12717 WINDERMERE ISLES PL WINDERMERE FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	SD CHEEK, MARIANNE 12741 WINDERMERE ISLES PL WINDERMERE FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	TD ROTH, RICHARD 12725 WINDERMERE ISLES PL WINDERMERE FL 34786 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	TD Timothy Ramski <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12701 Windermere Isles PL Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **Marianne Cheek, Secretary** 1/19/07 407 909-0683