
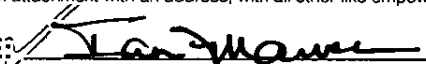


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N40073</b> 1. Entity Name <b>WINDING CREEK OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>PENN FIRST-BOYLE MANAGEMENT INC</b> <b>498 PALM SPGS DR #235</b> <b>ALTAMONTE SPRINGS, FL 32701 US</b>			Mailing Address <b>PENN FIRST-BOYLE MANAGEMENT INC</b> <b>498 PALM SPGS DR #235</b> <b>ALTAMONTE SPRINGS, FL 32701 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3111368</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PENN FIRST-BOYLE MANAGEMENT</b> <b>498 PALM SPRINGS DR #235</b> <b>ALTAMONTE SPRINGS, FL 32701</b>				Name <b>Boyle Management Services Inc</b> 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  DATE <b>3/17/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<b>LIZ MORAN, SECITREAS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<del>RAMOS, KEN</del>		NAME	<b>1026 OLD BARN ROAD</b>	
STREET ADDRESS	<del>927 LITTLE CREEK RD</del>		STREET ADDRESS	<b>ORLANDO, FL 32828</b>	
CITY-ST-ZIP	<del>ORLANDO, FL 32825</del>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>DVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<del>SANTANA, NICK</del>		NAME	<b>James Troy Clements</b>	
STREET ADDRESS	<del>1066 LITTLE CREEK</del>		STREET ADDRESS	<b>10257 Winding Creek Lane</b>	
CITY-ST-ZIP	<del>ORLANDO, FL 32825</del>		CITY-ST-ZIP	<b>Orlando, FL 32825</b>	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANSEY, IAN		NAME		
STREET ADDRESS	994 LITTLE CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIS, JOHN		NAME		
STREET ADDRESS	808 RIVECON AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>ANTHONY SGRO</b>	
STREET ADDRESS			STREET ADDRESS	<b>10343 LITTLE EON ST.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>ORLANDO, FL 32828</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>IAN J. MANSEY</b> <b>3/13/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					