

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09393

FILED
Apr 29, 2007
Secretary of State

Entity Name: WOODLANDS OF WINDERMERE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

7304 BRANCHTREE DRIVE
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1421
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 59-2538868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, GAIL L
7304 BRANCHTREE DRIVE
ORLANDO, FL 32835 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: SMITH, GAIL L
Address: 7304 BRANCHTREE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: MCGOWAN, JOHN
Address: 4501 WOODLOT COURT
City-St-Zip: ORLANDO, FL 32835

Title: SD () Delete
Name: SIMPSON, RENEE
Address: 7336 BRANCHTREE DR
City-St-Zip: ORLANDO, FL 32835

Title: TD () Delete
Name: LAVERY, DONALD P
Address: 7313 BRANCH TREE DR.
City-St-Zip: ORLANDO, FL 32835

Title: VPD () Delete
Name: WILES, MUSA
Address: 7306 WOODKNOT CT
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, GAIL L
Address: 7304 BRANCHTREE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: VD (X) Change () Addition
Name: SAWYER, SALLY
Address: 7335 WOODGLEN CT.
City-St-Zip: ORLANDO, FL 32835

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

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

Title: PD (X) Change () Addition
Name: VINCENT, DAN
Address: 7249 BRANCHTREE DR.
City-St-Zip: ORLANDO, FL 32835

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: GAIL L SMITH

D

04/29/2007

Electronic Signature of Signing Officer or Director

Date