2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# N03000002194

Entity Name: WIND STONE AT OCOEE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

232 S. DILLARD STREET
SUITE 201
WINTER GARDEN, FL 34787

New Principal Place of Business:

2803 PONKAN PINES DRIVE
APOPKA, FL 32712

Current Mailing Address:

P.O. BOX 194
PLYMOUTH, FL 32768

New Mailing Address:

FEI Number: 34-1977290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRATT, JAMES R
369 N. NEW YORK AVENUE, THIRD FLOOR
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

FRENCH PROFESSIONAL MANAGEMENT INC.
2803 PONKAN PINES DRIVE
APOPKA, FL 32712 US

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: BONNIE E. COLES, LCAM 02/14/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOLSTON, JR, ROBERT W
Address: P.O. BOX 770609
City-St-Zip: WINTER GARDEN, FL 34777

Title: VPD ( ) Delete
Name: JUNE, II, ROHLAND A
Address: P.O. BOX 770609
City-St-Zip: WINTER GARDEN, FL 34777

Title: D ( ) Delete
Name: KAMINSKI, CHRISTOPHER
Address: P.O. BOX 770609
City-St-Zip: WINTER GARDEN, FL 34777

Title: T ( ) Delete
Name: COLES, BONNIE
Address: PO BOX 194
City-St-Zip: PLYMOUTH, FL 32768

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: ( ) 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: BONNIE E. COLES, LCAM TRS 02/14/2008
Electronic Signature of Signing Officer or Director Date