

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09393

FILED  
Mar 08, 2008  
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 ( )**

**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: D ( ) Delete  
Name: SMITH, GAIL L  
Address: 7304 BRANCHTREE DRIVE  
City-St-Zip: ORLANDO, FL 32835

Title: VD ( ) Delete  
Name: SAWYER, SALLY  
Address: 7335 WOODGLEN CT.  
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: PD ( ) Delete  
Name: VINCENT, DAN  
Address: 7249 BRANCHTREE DR.  
City-St-Zip: ORLANDO, FL 32835

**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:

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: DONALD P. LAVERY

TD

03/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date