2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N97000001870

Entity Name: WINGED FOOT ESTATE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3508189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434, STE 5000
LONGWOOD, FL 32779 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: TD ( ) Delete
Name: JANKUN, BETTY
Address: 618 ZACHARY DR
City-St-Zip: APOPKA, FL 32712

Title: VPD ( ) Delete
Name: CONE, KIMBERLY H
Address: 1450 WINGED FOOT DR
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete
Name: CHRISTOPHER, DONNA M
Address: 535 ZACHARY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: PD ( ) Delete
Name: MACGILVRAY, JOE
Address: 530 ZACHARY DR
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: KLINE, PAULINE
Address: 1380 WINGED FOOT DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JANKUN, BETTY
Address: 618 ZACHARY DR
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition
Name: CONE, KIMBERLY H
Address: 1450 WINGED FOOT DR
City-St-Zip: APOPKA, FL 32712

Title: VPD (X) Change ( ) Addition
Name: CHRISTOPHER, DONNA M
Address: 535 ZACHARY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: TD (X) Change ( ) Addition
Name: FRENK, JONATHOAN
Address: 654 ZACHARY DR
City-St-Zip: APOPKA, FL 32712

Title: SD (X) Change ( ) Addition
Name: KLINE, PAULA
Address: 1380 WINGED FOOT DR
City-St-Zip: APOPKA, FL 32712

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: BETTY JANKUN PD 04/11/2008

Electronic Signature of Signing Officer or Director — Date