2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000002194

TI FILED

May 06, 2008

Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2803 PONKAN PINES DRIVE 3625 SR 417 APOPKA, FL 32712 SUITE 280

WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

P.O. BOX 194 P.O. BOX 196025

PLYMOUTH, FL 32768 WINTER SPRINGS, FL 327196025

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRENCH PROFESSIONAL MANAGEMENT INC.
2803 PONKAN PINES DRIVE
ASC PROPERTY SERVICES INC.
3625 SR 417

APOPKA, FL 32712 US SUITE 280

WINTER SPRINGS, FL 32708 US

in the State of Florida.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: ED HAYDEN 05/06/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: HOLSTON, JR, ROBERT W Name: RIVAS, NELSON A
Address: P.O. BOX 770609 Address: PO BOX 196025

City-St-Zip: WINTER GARDEN, FL 34777 City-St-Zip: WINTER SPRINGS, FL 32719

Title: VPD () Delete Title: VPD (X) Change () Addition Name: JUNE, II, ROHLAND A Name: REUBEN, JACKSON

 Address:
 P.O. BOX 770609
 Address:
 PO BOX 196025

 City-St-Zip:
 WINTER GARDEN, FL 34777
 City-St-Zip:
 WINTER SPRINGS, FL 32719

Title: D () Delete Title: TR (X) Change () Addition Name: KAMINSKI, CHRISTOPHER Name: IGLESIAS, MIKE

Address: P.O. BOX 770609 Address: PO BOX 196025

City-St-Zip: WINTER GARDEN, FL 34777 City-St-Zip: WINTER SPRINGS, FL 32719

Title: T () Delete Title: SEC (X) Change () Addition Name: COLES, BONNIE Name: EDWARDS, JENNIFER E

 Address:
 PO BOX 194
 Address:
 PO BOX 196025

 City-St-Zip:
 PLYMOUTH, FL 32768
 City-St-Zip:
 WINTER SPRINGS, FL 32719

Title: D () Change (X) Addition

Name: Name: TRIMM, JAMES
Address: Address: PO BOX 196025

City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32719

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: ED HAYDEN MGR 05/06/2008