2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 768060

Entity Name: WINDTREE GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

42 WINDTREE LANE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

42 WINDTREE LANE
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-2472522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCULLOH, NEAL
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751 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:	ISON, MIRIAM	
Address:	222 VALENCIA SHORES DR	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	D	( ) Delete
Name:	HIGH, MARIOM	
Address:	154 WINDTREE LN	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	P	( ) Delete
Name:	REJONIS, BUDDY A	
Address:	149 WINDTREE LANE	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	S	( ) Delete
Name:	BIRKET, STEVEN R	
Address:	7232 BAY CLUB WAY	
City-St-Zip:	ORLANDO, FL 32835	
Title:	T	( ) Delete
Name:	MCGEE, REVERLEAN	
Address:	91 WINDTREE LN	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	D	( ) Delete
Name:	DAVIS, CONNIE	
Address:	153 WINDTREE LANE	
City-St-Zip:	WINTER GARDEN, FL 34787	

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:	
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: REVERLEAN MCGEE TRES 01/15/2009

Electronic Signature of Signing Officer or Director — Date