

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736046

FILED
Apr 13, 2009
Secretary of State

Entity Name: WINDING WOOD CONDOMINIUM IV ASSOCIATION, INC.

Current Principal Place of Business:

C/O I & J PROPERTY MGMT
40347 US 19 N STE 201
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

C/O I & J PROPERTY MGMT
P O BOX 695
TARPON SPRINGS, FL 346887695

New Mailing Address:

FEI Number: 59-1674118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

I & J PROPERTY MANAGEMENT, INC
352 WESTWINDS DRIVE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

I & J PROPERTY MANAGEMENT, INC
40347 US 19 NORTH
SUITE 201
TARPON SPRINGS, FL 34689 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:

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SOARES, PAMELA
Address: 2757 HAVERHILL CT
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: LANGDON, BETTY
Address: 2763 HAVERHILL CT
City-St-Zip: CLEARWATER, FL

Title: PD () Delete
Name: KOSTUCK, ROBERT
Address: 2759 HAVERHILL CT.
City-St-Zip: CLEARWATER, FL

Title: VPT () Delete
Name: VARONA, DARLEEN
Address: 2749 HAVERHILL CRT
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: VANGUNTEN, PATRICIA
Address: 2753 HAVERHILL CT.
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SOARES, PAMELA
Address: 2757 HAVERHILL CT
City-St-Zip: CLEARWATER, FL 33761

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: ROBERT KOSTUCK

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date