

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40073

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** WINDING CREEK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1801 COOK AVENUE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

1801 COOK AVENUE  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 59-3111368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DON ASHER AND ASSOCIATES, INC.  
1801 COOK AVENUE  
ORLANDO, FL 32806 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: S ( ) Delete  
Name: KOFFINAS, SANDY  
Address: 1007 LITTLE CREEK  
City-St-Zip: ORLAND, FL 32825

Title: VP ( ) Delete  
Name: MICHAEL, JOHN  
Address: 1048 LITTLE CREEK RD  
City-St-Zip: ORLANDO, FL 32825

Title: P (X) Delete  
Name: MORAR, VIRGIL  
Address: 980 OLD BARN RD  
City-St-Zip: ORLANDO, FL 32825

Title: T ( ) Delete  
Name: WILLIAMS, CHRIS  
Address: 10330 WOODSTREAM COURT  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: MORALES, LUIS  
Address: 912 OLD BARN ROAD  
City-St-Zip: ORLANDO, FL 32825

**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: P (X) Change ( ) Addition  
Name: MORALES, LUIS  
Address: 912 OLD BARN ROAD  
City-St-Zip: ORLANDO, FL 32825

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: TASHA TORRES

LCAM

03/23/2009

Electronic Signature of Signing Officer or Director

Date