

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005699

FILED
Apr 22, 2011
Secretary of State

Entity Name: WINDERMERE TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1750 W BROADWAY ST SUITE 111
C/O JEN FLORIDA II, LLC
OVIEDO, FL 32765

New Principal Place of Business:

201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134 US

Current Mailing Address:

1750 W BROADWAY ST SUITE 111
C/O JEN FLORIDA II, LLC
OVIEDO, FL 32765

New Mailing Address:

201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JERMAN, RICHARD
1750 W BROADWAY ST SUITE 111
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134 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: JUANITA I. KERRIGAN

04/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: IORIO, ANTHONY S JR
Address: 900 TOWNE CENTER DR
City-St-Zip: POINCIANA, FL 34759 US

Title: V
Name: CUMBIE, RANDY
Address: 1750 W BROADWAY ST SUITE 111
City-St-Zip: OVIEDO, FL 32765 US

Title: S
Name: KONDERICK, BRIAN
Address: 1750 W BROADWAY ST SUITE 111
City-St-Zip: OVIEDO, FL 32765 US

Title: V
Name: BOROSS, MELISA R
Address: 201 ALHAMBRA CIRCLE, 12TH FL
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D
Name: CORNERS, JOHN
Address: 900 TOWNE CENTER DR
City-St-Zip: POINCIANA, FL 34759 US

Title: D
Name: KERRIGAN, JUANITA I
Address: 201 ALHAMBRA CIRCLE, 12TH FL
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY S. IORIO, JR.

PD

04/22/2011

Electronic Signature of Signing Officer or Director

Date