


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 722836 1. Entity Name WINDERMERE DOWNS COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business HEMPEL AVE PO BOX 6 GOTHA, FL 34734	Mailing Address HEMPEL AVE PO BOX 6 GOTHA, FL 34734
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01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1555936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

FOSTER, SETH  
 9850 QUAIL COVE CT  
 WINDERMERE, FL 34786

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, SETH 9850 QUAIL COVE CT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD READ, ED 9605 HOLLYGLEN PL WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRAHM, BRAD 2557 MEADOWVIEW CIR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARDAMAN, ANDREW A 1739 WINDERMERE DOWN PL WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000381498  
 01/11/06-80057-008 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**  **SETH FOSTER, PRESIDENT 6 JAN 2006** **407 292 5400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #