2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722836

FILED Jan 13, 2009 Secretary of State

Entity Name: WINDERMERE DOWNS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: HEMPEL AVE WINDERMERE DOWNS PLACE PO BOX 6 WINDERMERE, FL 34786 GOTHA, FL 34734 **New Mailing Address: Current Mailing Address:** HEMPEL AVE PO BOX 6 GOTHA, FL 34734 FEI Number: 59-1555936 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOSTER, SETH WEBSTER, DONALD 9850 QUAIL COVE CT 9850 QUÁIL COVE CT WINDERMERE, FL 34786 WINDERMERE, FL 34786 US 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: DONALD WEBSTER 01/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ARDAMAN, ASIM WEBSTER, DONALD Name: Name: 1739 WINDERMERE DOWNS PLACE Address: 9850 QUAIL COVE COURT Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: WINDERMERE, FL 34786 Title: VD () Delete Title: () Change () Addition READ, ED Name: Name: Address: 9605 HOLLYGLEN PL Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition DAWSON, SARAH WINN, TOM Name: Name: 1726 MAPLE LEAF DRIVE 2001 WOODY DRIVE Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: WINDERMERE, FL 34786 (X) Change () Addition Title: SD () Delete Title: SD CUMMING, SALLY Name: Name: GERLANDER, TIM 1963 MAPLE LEAF DRIVE Address: Address: 9834 QUAIL COVE COURT City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: WINDERMERE, FL 34786 Title: () Delete Title: () Change () Addition COHEN, ARLENE Name: Name: 2524 WATERVIEW PLACE Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DONALD WEBSTER PRES 01/13/2009

LUDEWIG, JOHN

9760 WILD OAK DRIVE

WINDERMERE, FL 34786

Name:

Address:

City-St-Zip: