

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724802

FILED
Apr 09, 2007
Secretary of State

Entity Name: VILLAGES OF WINDMEADOWS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 WINDMEADOWS
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

200 WINDMEADOWS
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3247598 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE SUITE
3310
ALTAMONTE SPRINGS, FL 32714 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: DVP () Delete
Name: MYERS, SUE
Address: 526 WINDMEADOWS
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DP () Delete
Name: GOLDSMITH, PEG
Address: 516 WINDMEADOWS
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DT () Delete
Name: DOMINICO, NORA
Address: 338 WINDMEADOWS
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DS () Delete
Name: FUENTES, RAYMOND
Address: 230 WINDMEADOWS
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: ATER, JERI
Address: 270 WINDMEADOWS
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: DS (X) Change () Addition
Name: HOLT, EMMY
Address: 290 WINDMEADOWS
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Change () Addition
Name: FUENTES, RAYMOND
Address: 230 WINDMEADOWS
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLEN R. WOMACK

A

04/09/2007

Electronic Signature of Signing Officer or Director

Date