2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# 726863

Entity Name: WINDHOVER ASSOCIATION, INC.

Current Principal Place of Business:

WINDHOVER CONDO ASSOC.
5987 WINDHOVER DR
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

WINDHOVER CONDO ASSOC.
5987 WINDHOVER DR
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-1554595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ASC PROPERTY SERVICES, INC.
PO BOX 196025
WINTER SPRINGS, FL 32719 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: TD ( ) Delete
Name: TRUDELL, ROBERT
Address: 5987 WINDHOVER DR
City-St-Zip: ORLANDO, FL 32819

Title: PD ( ) Delete
Name: UTTER, PAT
Address: 5987 WINDHOVER DR
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: PELLEGRINO, RICK
Address: 5987 WINDHOVER DR
City-St-Zip: ORLANDO, FL 32819

Title: VPD ( ) Delete
Name: WYNNS, DWAYNE
Address: 5987 WINDHOVER DR.
City-St-Zip: ORLANDO, FL 32819

Title: SD ( ) Delete
Name: RABICO, RUTH
Address: 5987 WINDHOVER DR
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PEREZ, PAT
Address: 5987 WINDHOVER DR
City-St-Zip: ORLANDO, FL 32819

Title: TD (X) Change ( ) Addition
Name: TRUDELL, ROBERT
Address: 5987 WINDHOVER DR
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change ( ) Addition
Name: WEAVER, DAWN
Address: 5987 WINDHOVER DR
City-St-Zip: ORLANDO, FL 32819

Title: VPD (X) Change ( ) Addition
Name: HARRISON, TOM
Address: 5987 WINDHOVER DR.
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MATARRESE, LISA
Address: 5987 WINDHOVER DRIVE
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ED HAYDEN MGR 05/03/2005

Electronic Signature of Signing Officer or Director — Date