

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733405

FILED
Apr 28, 2008
Secretary of State

Entity Name: WINDWARD SQUARE HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 162147
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 59-1657398

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: VPD () Delete
Name: EHRSTEIN, GEORGE
Address: 2411 DOMINICA RUN
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: COURTNEY, CHAD
Address: 2500 BARBADOS DR
City-St-Zip: WINTER PARK, FL 32792

Title: DTS () Delete
Name: THERESE, LAURENCELL
Address: 2536 LEEWARD WAY
City-St-Zip: WINTER PARK, FL 32792

Title: PD () Delete
Name: BLANEY, DAN
Address: 2421 DOMINICA RUN
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: HUNTER, ED
Address: 2638 EXUMA WAY
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: LYTTLE, JOHN
Address: 2674 BARBADOS DRIVE
City-St-Zip: WINTER PARK, FL 32792

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:

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Name:
Address:
City-St-Zip:

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

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.

SIGNATURE: DAN BLANEY

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date