

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734250

FILED
Apr 13, 2009
Secretary of State

Entity Name: WINDING WOOD CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business:

PMS MANAGEMENT
2708 ALT 19 NORTH SUITE 603 A
PALM HARBOR, FL 34863 US

New Principal Place of Business:

Current Mailing Address:

PMS MANAGEMENT
2708 ALT 19 NORTH SUITE 603
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-1630627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PMS MANAGEMENT SERVICES
2708 ALT 19 NORTH
SUITE 603
PALM HARBOR, FL 34683 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: PD () Delete
Name: GIFFORD, DEBRA
Address: 2729 HAVERHILL CT 47-D
City-St-Zip: CLEARWATER, FL 33761

Title: STD () Delete
Name: HILER, WILLIAM
Address: 2735 HAVERHILL CT 46-D
City-St-Zip: CLEARWATER, FL 33761

Title: VD () Delete
Name: CARDUCCI, NANCY
Address: 2724 HAVERHILL CT, #32D
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GIFFORD, DEBRA
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

Title: STD (X) Change () Addition
Name: HILER, WILLIAM
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

Title: VD (X) Change () Addition
Name: CARDUCCI, NANCY
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

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: DEBRA GIFFORD

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date