

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746665

FILED  
Mar 23, 2011  
Secretary of State

**Entity Name:** WINDING WOOD CONDOMINIUM IX ASSOCIATION, INC.

**Current Principal Place of Business:**

5901 US HWY 19 N  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

1301 SEMINOLE BLVD.  
SUITE 110  
LARGO, FL 33770 US

**New Principal Place of Business:**

5901 US HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

5901 US HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-1977430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, MARY A  
5901 US HWY 19 N  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

C/O QUALIFIED PROPERTY MGMT INC  
5901 US HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 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: MARY WHITE

03/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CROSS, JULIE  
Address: 2618 CEDAR VIEW COURT, #95B  
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP  
Name: GILKES, WILLIAM  
Address: 2612 CEDAR VIEW COURT #94B  
City-St-Zip: CLEARWATER, FL 33761 US

Title: SD  
Name: SIMPSON, JOHN  
Address: 2609 CEDAR VIEW COURT #118A  
City-St-Zip: CLEARWATER, FL 33761 US

Title: TD  
Name: KUBA, LOIS  
Address: 2775 WESTCHESTER DRIVE S.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: D  
Name: PRICE, JOSEPH  
Address: 2600 CEDAR VIEW COURT  
City-St-Zip: CLEARWATER, FL 33761 US

I hereby 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 all other like empowered.

SIGNATURE: JULIE CROSS

PD

03/23/2011

Electronic Signature of Signing Officer or Director

Date