

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748944

FILED
Feb 03, 2009
Secretary of State

Entity Name: WIND HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1701 WIND WILLOW ROAD
P O BOX 592155
ORLANDO, FL 32859 US

New Principal Place of Business:

1707 WIND WILLOW ROAD
BELLE ISLE, FL 32809 US

Current Mailing Address:

P. O. BOX 592155
ORLANDO, FL 32859 US

New Mailing Address:

FEI Number: 74-3190423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGEE, JAMES M
226 HILLCREST ST
ORLANDO, FL 32801 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: SHUCK, KARL
Address: 1658 WIND WILLOW RD
City-St-Zip: ORLANDO, FL 32809

Title: PD () Delete
Name: ENNIS, THOMAS
Address: 1708 WIND WILLOW RD
City-St-Zip: ORLANDO, FL 32809

Title: VD () Delete
Name: LUCEY, DANIEL
Address: 1707 WIND WILLOW RD
City-St-Zip: ORLANDO, FL 32809

Title: SD () Delete
Name: LOCKE, HELEN
Address: 1604 WIND WILLOW RD
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SHUCK, KARL
Address: 1658 WIND WILLOW RD
City-St-Zip: BELLE ISLE, FL 32809

Title: PD (X) Change () Addition
Name: LUCEY, DANIEL
Address: 1707 WIND WILLOW RD
City-St-Zip: BELLE ISLE, FL 32809

Title: VD (X) Change () Addition
Name: ENNIS, THOMAS
Address: 1708 WIND WILLOW RD
City-St-Zip: BELLE ISLE, FL 32809

Title: SD (X) Change () Addition
Name: BAXTER, DENMER D
Address: 1740 WIND HARBOR RD
City-St-Zip: BELLE ISLE, FL 32809

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: KARL F. SHUCK

TD

02/03/2009

Electronic Signature of Signing Officer or Director

Date