

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754435

FILED
Apr 20, 2009
Secretary of State

Entity Name: WINDING WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5466 CRANE FEATHER DR
PORT ORANGE, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 291205
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-2103539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELWITZ, BARBARA J
5466 CRANE FEATHER DR
PORT ORANGE, FL 32128 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: VD () Delete
Name: SCHWARZ, JARVIS
Address: 9 KIM COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD () Delete
Name: BOETTCHER, FRED
Address: 28 MAJORIE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: ZEROKOWSKI, STANLEY R
Address: 21 MARJORIE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: SELWITZ, BARBARA J
Address: 5466 CRANE FEATHER DR
City-St-Zip: PORT ORANGE, FL 32128

Title: D (X) Delete
Name: HARPER, ROY
Address: 2 ALICEN CRT
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: SEESE, MICHAEL E
Address: 9 ALICEN COURT
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HARPER, ROY L
Address: 2 ALICEN COURT
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: PD (X) Change () Addition
Name: BOETTCHER, FRED W
Address: 28 MAJORIE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: TD (X) Change () Addition
Name: MIGNARDI, ELAINE
Address: 39 MARJORIE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: S (X) Change () Addition
Name: SELWITZ, BARBARA J
Address: 5466 CRANE FEATHER DR
City-St-Zip: PORT ORANGE, FL 32128 US

Title: () Change () Addition
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: BARBARA J. SELWITZ

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date