

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757673

FILED
Mar 08, 2011
Secretary of State

Entity Name: WINDING WOOD RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-2197655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US HIGHWAY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 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
Name: SIDWELL, KAREN
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP
Name: CROSS, JULIE
Address: 5901 US HIGHWAY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD
Name: DEMIDUK, SUSAN
Address: 5901 US HIGHWAY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD
Name: STEPP, ROBERT
Address: 5901 US HIGHWAY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: ADAMS, DON
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: NARUCKI, MARY
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

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: KAREN SIDWELL

PD

03/08/2011

Electronic Signature of Signing Officer or Director

Date