


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90073 032 \*\*\*\*61.25

<b>DOCUMENT # 760302</b>		
1. Entity Name <b>WINDERLAKES HOMEOWNERS' ASSOCIATION, INC.</b>		

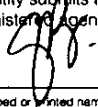
Principal Place of Business <b>P.O. BOX 1636 WINDERMERE, FL 34786 US</b>	Mailing Address <b>P.O. BOX 1636 WINDERMERE, FL 34786 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03032008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-2153523</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>RANN, LINDA 7911 MANITOBA PLACE ORLANDO, FL 32835</b>	

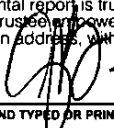
7. Name and Address of New Registered Agent	
Name <b>STEPHEN BORSEN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4501 WINDERLAKES DR</b>	
City <b>ORLANDO</b>	FL <b>32835</b>

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <b>TREASURER</b>	DATE <b>05-MAR-08</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VD HUTCHENSON, KEN 7838 COWAN CT ORLANDO, FL 32835</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD DRESSEL, HANK 4127 SALMON DR ORLANDO, FL 32835</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T RANN, LINDA 7911 MANITOBA PLACE ORLANDO, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D ROSSI, AL 3860 WINDERLAKES DR. ORLANDO, FL 32835</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SD GLOSS, BETH 4110 SALMON DRIVE ORLANDO, FL 32835</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D SMITH, KEVIN 3830 WINDERLAKES DRIVE ORLANDO, FL 32835</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DAVID RICHARDSON 39525 SALMON DR ORLANDO, FL 32835</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LETICIA GINTHER 4488 WINDERLAKES DR ORLANDO, FL 32835</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STEPHEN BORSEN 4501 WINDERLAKES DR ORLANDO FL 32835</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NANCY LICARI 4548 ZURICH CT ORLANDO, FL 32835</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BABBY WIEDMAN 3805 SALMON DR ORLANDO, FL 32835</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE <b>05-MAR-08</b> 407-295-4196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	