

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760302

FILED
Mar 08, 2009
Secretary of State

Entity Name: WINDERLAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1636
WINDERMERE, FL 34786 US

New Principal Place of Business:

4501 WINDERLAKES DRIVE
ORLANDO, FL 32835 US

Current Mailing Address:

P.O. BOX 1636
WINDERMERE, FL 34786 US

New Mailing Address:

4501 WINDERLAKES DRIVE
ORLANDO, FL 32835 US

FEI Number: 59-2153523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORSEN, STEPHEN
4501 WINDERLAKS DR
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

GINTHER, LETICIA
4488 WINDERLAKS DR
ORLANDO, FL 32835 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: LETICIA GINTHER

03/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: RICHARDSON, DAVID
Address: 39525 SALMON DR
City-St-Zip: ORLANDO, FL 32835

Title: PD () Delete
Name: GINTHER, LETICIA
Address: 4488 WINDERAKES DR
City-St-Zip: ORLANDO, FL 32835

Title: T () Delete
Name: BORSEN, STEPHEN
Address: 4501 WINDERLAKES DR
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: LICARI, NANCY
Address: 4548 ZURICH CT
City-St-Zip: ORLANDO, FL 32835

Title: SD () Delete
Name: WIEOMAN, BABBY
Address: 3805 SALMON DR
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: SMITH, KEVIN
Address: 3830 WINDERLAKES DRIVE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BELL, LEA
Address: 7920 SEBAGO COURT
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WIEDMAN, BABBY
Address: 3805 SALMON DR
City-St-Zip: ORLANDO, FL 32835

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: LETICIA M. GINTHER

PD

03/08/2009

Electronic Signature of Signing Officer or Director

Date