

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762623

FILED
Mar 12, 2009
Secretary of State

Entity Name: WINDSOR PINES CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-2286965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARENA MANAGEMENT GROUP, INC.
101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741 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 () Delete
Name: QUITTSCHREIBER, JON
Address: 3147 HEMPSTEAD AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: S/T () Delete
Name: ARENA, DOROTHY
Address: 101 PARK PLACE BLVD STE 2
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: RETHERFORD, ROBERT
Address: 2651 CROWN CT
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: QUITTSCHREIBER, JO
Address: 2950 TOWN CTR BLVD SUITE 160
City-St-Zip: ORLANDO, FL 34837

Title: D () Delete
Name: RIDER, LEE
Address: 2652 CROWN CT
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: SEVERANCE, MIKE
Address: 2668 SURREY CT
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Address:
City-St-Zip:

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: JON QUITTSCHREIBER

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date