

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767352

FILED
Mar 27, 2009
Secretary of State

Entity Name: WASHINGTON HEIGHTS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4060 MICHIGAN DR
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

4060 MICHIGAN DR
PUNTA GORDA, FL 33982

New Mailing Address:

4060 MICHIGAN DR.
PUNTA GORDA, FL 33982

FEI Number: 59-2405052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUCK, DONNA
4060 MICHIGAN DR
PUNTA GORDA, FL 33982 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: ESTEVEZ, WILLIE
Address: 35851 WASHINGTON LOOP RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: VD () Delete
Name: STUCK, DONNA
Address: 4060 MICHIGAN DR
City-St-Zip: PUNTA GORDA, FL 33982

Title: TD () Delete
Name: BECKER, MADELON
Address: 35871 HINICK DR
City-St-Zip: PUNTA GORDA, FL 33982

Title: T () Delete
Name: YOUNG, ROBERT
Address: 4100 INDIANA
City-St-Zip: PUNTA GORDA, FL 33982

Title: SD () Delete
Name: THOSTENSON, BEVERLY
Address: 35831 HILNICK DR
City-St-Zip: PUNTA GORDA, FL 33982

Title: T () Delete
Name: GRIEF, L.W.
Address: 4020 MICHIGAN
City-St-Zip: PUNTA GORDA, FL 33982

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:

Title: D (X) Change () Addition
Name: YOUNG, ROBERT
Address: 4100 INDIANA DR.
City-St-Zip: PUNTA GORDA, FL 33982

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

Title: D (X) Change () Addition
Name: GRIEF, L.W.
Address: 4020 MICHIGAN DR.
City-St-Zip: PUNTA GORDA, FL 33982

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: MADELON BECKER

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date