

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001903

FILED
Apr 10, 2009
Secretary of State

Entity Name: WINDSHIP COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14 W JORDAN ST
STE 1-L
PENSACOLA, FL 32501

New Principal Place of Business:

110 BEVERLY PKWY
PENSACOLA, FL 32505

Current Mailing Address:

14 W JORDAN ST
STE 1-L
PENSACOLA, FL 32501

New Mailing Address:

PO BOX 10810
PENSACOLA, FL 32524

FEI Number: 59-3642755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESTIGE PROPERTIES
14 W JORDAN ST
STE 1-L
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

NYLUND, C J
HANK HOLLAND PROPERTY MANAGEMENT INC
110 BEVERLY PKWY
PENSACOLA, FL 32505 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: C J NYLUND

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARDIN, SHARON
Address: 8154 HEIRLOOM
City-St-Zip: PENSACOLA, FL 32514

Title: VPD () Delete
Name: WYNN, TIFFANY
Address: 8146 HEIRLOOM
City-St-Zip: PENSACOLA, FL 32514

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST () Change (X) Addition
Name: FARRAND, GREGORY
Address: 8140 HEIRLOOM DR
City-St-Zip: PENSACOLA, FL 32514

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: SHARON HARDIN

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date