

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004098

FILED
Mar 05, 2009
Secretary of State

Entity Name: WINTERLAKES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4610 LIPSCOMB ST. N.E.
SUITE 1
PALM BAY, FL 329052933 US

New Principal Place of Business:

Current Mailing Address:

4610 LIPSCOMB ST. N.E.
SUITE 1
PALM BAY, FL 329052933 US

New Mailing Address:

FEI Number: 31-1758131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON DREELE, WAYNE
3993 W. FIRST STREET
SANFORD, FL 32771 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: BROWN, RICH
Address: 4610 LIPSCOMB ST. N.E., SUITE 1
City-St-Zip: PALM BAY, FL 329052933 US

Title: VD () Delete
Name: BOWES, MARK
Address: 4610 LIPSCOMB ST. N.E., SUITE 1
City-St-Zip: PALM BAY, FL 329052933 US

Title: STD () Delete
Name: INTILLE, ROB
Address: 4610 LIPSCOMB ST. N.E., SUITE 1
City-St-Zip: PALM BAY, FL 329052933 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/TD (X) Change () Addition
Name: RICHARD, MARK
Address: 4610 LIPSCOMB ST. N.E., SUITE 1
City-St-Zip: PALM BAY, FL 329052933 US

Title: VPD (X) Change () Addition
Name: INTILLE, ROB
Address: 4610 LIPSCOMB ST. N.E., SUITE 1
City-St-Zip: PALM BAY, FL 329052933 US

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: RICH BROWN

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date