

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000924

FILED
May 19, 2008
Secretary of State

Entity Name: WINDSCAPE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

614 E. HWY 50 - PMB 307
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

614 E. HWY 50 - PMB 307
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3745005 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PETERSON, MICHAEL
10446 LAKE HASSON CIRCLE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

AULD, ALLISON
10620 CEDAR FOREST CIRCLE
CLERMONT, FL 34711 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: ALLISON AULD

05/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, RUTH
Address: 10624 CEDAR FOREST CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete
Name: PETERSON, MIKE
Address: 10446 LAKE HASSON CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: AULD, ALLISON
Address: 10620 CEDAR FOREST
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: COHEN, ROSALEE
Address: 10645 CEDAR FOREST CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: AC () Delete
Name: HARRIS, RONNIE
Address: 10652 CEDAR FOREST CIRCLE
City-St-Zip: CLERMONT, FL 34711

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: SD (X) Change () Addition
Name: PETERSON, DEANNA
Address: 10446 LAKE HASSON CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: AC (X) Change () Addition
Name: AULD, ANDREW
Address: 10620 CEDAR FOREST
City-St-Zip: CLERMONT, FL 34711

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: RUTH M. ADAMS

PD

05/19/2008

Electronic Signature of Signing Officer or Director

Date