2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N01000000924

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 ( )**

Name and Address of Current Registered Agent:

AULD, ALLISON
10620 CEDAR FOREST CIRCLE
CLERMONT, FL 34711 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:	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:	PETERSON, DEANNA	
Address:	10446 LAKE HASSON CIRCLE	
City-St-Zip:	CLERMONT, FL 34711	
Title:	AC	( ) Delete
Name:	AULD, ANDREW	
Address:	10620 CEDAR FOREST	
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:	( ) 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: RUTH ADAMS PD 03/20/2009
Electronic Signature of Signing Officer or Director — Date