


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000001491 1. Entity Name WINDING CREEK HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 3401 WILDERNESS BLVD W PARRISH, FL 34219	Mailing Address 3401 WILDERNESS BLVD W 4303 1ST STREET EAST, SUITE 313 PARRISH, FL 34219
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01132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-3652005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BARNES, GARRET T ESQ. BARNES WALKER, CHARTERED 3119 MANATEE AVENUE WEST BRADENTON, FL 34205
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**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000057837 02/20/04-80005-016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRON, BRIAN 4303 1ST STREET EAST, SUITE 313 BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEGUM, SYEDA REHANA 1705 ASTOR AVENUE OAKBROOK TERRACE, IL 60181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYED, ARIF 1705 ASTOR AVENUE OAKBROOK TERRACE, IL 60181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date: 2/13/04	Daytime Phone: 941-276-0325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		