

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 19, 2008
Secretary of State

DOCUMENT# N01000002394

Entity Name: WINDERMERE RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1750 W. BROADWAY ST.
SUITE #220
OVIEDO, FL 32765**New Principal Place of Business:**2582 SOUTH MAGUIRE RD
318
OCOOE, FL 34761**Current Mailing Address:**POBOX 620368
OVIEDO, FL 32762**New Mailing Address:**PO BOX 783367
WINTER GARDEN, FL 34778**FEI Number:** 01-0576659**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVIS, KEVIN
1750 W. BROADWAY ST.
SUITE #220
OVIEDO, FL 32762 US**Name and Address of New Registered Agent:**SOLOMON, SPENCER RA
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 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: SPENCER SOLOMON

11/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAUER, MARILYN
Address: 8200 LYNCH DR
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: MARILYN, BAUER
Address: 3541 KING RIDGE DR
City-St-Zip: ORLANDO, FL 32835

Title: PD () Delete
Name: BILL, MAY
Address: 3211 KING GEORGE DR
City-St-Zip: ORLANDO, FL 32820

Title: SD () Delete
Name: LINDSEY, ROB
Address: 8206 LYNCH DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: MAY, BILL
Address: 3709 SIR ANDREW ST
City-St-Zip: ORLANDO, FL 32835

Title: T () Delete
Name: WOOLF, NEIL
Address: 3714 SIR ANDREW ST.
City-St-Zip: ORLANDO, FL 32835

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
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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: SPENCER SOLOMON

RA

11/19/2008

Electronic Signature of Signing Officer or Director

Date