

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002394

FILED
Mar 05, 2009
Secretary of State

Entity Name: WINDERMERE RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2582 SOUTH MAGUIRE RD
318
OCOOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 01-0576659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, SPENCER RA
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 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: 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 (X) 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: SD (X) Change () Addition
Name: BAUER, MARILYN
Address: 8200 LYNCH DR
City-St-Zip: ORLANDO, FL 32835

Title: PD (X) Change () Addition
Name: LUKE, GREG
Address: 3444 KING GEORGE DR
City-St-Zip: ORLANDO, FL 32835

Title: VD (X) Change () Addition
Name: CAPP, AL
Address: 3211 KING GEORGE DR
City-St-Zip: ORLANDO, FL 32835

Title: TD (X) Change () Addition
Name: LINDSAY, RON
Address: 8206 LYNCH DRIVE
City-St-Zip: ORLANDO, FL 32835

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

03/05/2009

Electronic Signature of Signing Officer or Director

Date