## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0100003099

FILED Apr 09, 2008 Secretary of State

Entity Name: WINDSOR LANDING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O LELAND MANAGEMENT C/O LELAND MANAGEMENT 8009 S ORANGE AVE 5955 T. G. LEE BLVD #300 ORLANDO, FL 32809 ORLANDO, FL 32822 New Mailing Address: **Current Mailing Address:** C/O LELAND MANAGEMENT C/O LELAND MANAGEMENT 8009 S ORANGE AVE 5955 T. G. LEE BLVD #300 ORLANDO, FL 32809 ORLANDO, FL 32822 FEI Number: 59-3683254 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LELAND MANAGEMENT, INC. LELAND MANAGEMENT, INC. 8009 S ORANGE AVE 5955 T. G. LEE BLVD ORLANDO, FL 32809 SUITE 300 US ORLANDO, FL 32822 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: REBECCA FURLOW 04/09/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GORDON, GREGORY Name: Name: 3373 KENTSHIRE BLVD Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HELBLING, PAM DR Name: CONKLING, NATHAN Name: Address: 418 CALLIOPE ST Address: 328 CALLIOPE ST City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761 Title: () Delete Title: S/T (X) Change ( ) Addition ANDREWS, JOHN FOLTZ, GERALD Name: Name: 93 BRAELOCH DR Address: Address: 132 CALLIOPE STREET City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761 Title: ( ) Delete Title: (X) Change ( ) Addition CONKLING, NATHAN Name: Name: MANDINO, ANDREW 328 CALLIOPE ST Address: Address: 291 SAGE CREST DRIVE City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761 Title: () Delete Title: () Change () Addition WAGNER, RUSSELL B Name: Name: 3090 KENTSHIRE BLVD Address: Address: City-St-Zip: OCOEE, FL 34761 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: REBECCA FURLOW PRES 04/09/2008