

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005249

FILED
Feb 29, 2008
Secretary of State

Entity Name: WINDWARD CAY - WINTER GARDEN - HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1648 S HWY 27
CLERMONT, FL 34714

New Principal Place of Business:

5445 CAPE HATTERAS DRIVE
CLERMONT, FL 34714

Current Mailing Address:

PO BOX 135093
CLERMONT, FL 347135093

New Mailing Address:

FEI Number: 59-3752824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABC MANAGEMENT OF CENTRAL FLORIDA, INC.
1648 S HWY 27
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

ABC MANAGEMENT OF CENTRAL FLORIDA, INC.
5445 CAPE HATTERAS DRIVE
CLERMONT, FL 34714 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: CAROLINA ESTEVEZ

02/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRESLEY, NEAL D III
Address: 3412 TURNINGWIND LN
City-St-Zip: WINTER GARDEN, FL 34787

Title: STD () Delete
Name: GLORIUS, DEBORAH L
Address: 14037 ZEPHERMOOR LN
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD () Delete
Name: RILEY, ROBERT W
Address: 3414 TEMPEST WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: WOOD, NAAMAN K
Address: 14024 ZEPHERMOOR LN
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Delete
Name: ROGERS, WILLIAM
Address: 3512 TURNINGWIND LN
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROGERS, WILLIAM P
Address: 3512 TURNINGWIND LN
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP (X) Change () Addition
Name: RILEY, ROBERT VP
Address: 14024 ZEPHERMOOR LN
City-St-Zip: WINTER GARDEN, FL 34787

Title: S,T (X) Change () Addition
Name: GLORIUS, DEBBIE S,T
Address: 14037 ZEPHERMOOR LN
City-St-Zip: WINTER GARDEN, FL 34787

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: WILLIAM ROGERS

P

02/29/2008

Electronic Signature of Signing Officer or Director

Date