2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005249

FILED Mar 27, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

PO BOX 770172 2180 WEST STATE ROAD 434 WINTER GARDEN, FL 34777 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 59-3752824 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:

HART, JAMES W JR. % SENTRY MANAGEMENT, INC. 2180 WEST STATE ROAD 434, SUITE 5000 LONGWOOD, FL 327795044 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PD (X) Change () Addition Name: ROGERS, WILLIAM P Name: GLORIUS, DEBORAH L Address: 3512 TURNINGWIND LN Address: 14037 ZEPHERMOOR LN City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

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

Title: S,T () Delete Title: TSD (X) Change () Addition Name: GLORIUS, DEBBIE S,T Name: KELLY, RYAN

Address: 14037 ZEPHERMOOR LN
City-St-Zip: WINTER GARDEN, FL 34787

City-St-Zip: WINTER GARDEN, FL 34787

City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Delete Title: () Change () Addition

 Name:
 WOOD, NAAMAN K
 Name:

 Address:
 14024 ZEPHERMOOR LN
 Address:

 City-St-Zip:
 WINTER GARDEN, FL 34787
 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: DEBORAH L GLORIUS PD 03/27/2009