

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005469

FILED
Mar 23, 2009
Secretary of State

Entity Name: WYNDSONG ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1375 GATEWAY BLVD
BOYNTON BEACH, FL 33426

New Principal Place of Business:

1500 GATEWAY BOULEVARD
SUITE 220
BOYNTON BEACH, FL 33426

Current Mailing Address:

C/O VICTORY ACCTG SERVICE
P.O. BOX 243399
BOYNTON BEACH, FL 334243399

New Mailing Address:

1500 GATEWAY BOULEVARD
SUITE 220
BOYNTON BEACH, FL 33426

FEI Number: 01-0750537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRALEAU, SCOTT
1375 GATEWAY BLVD
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

STRALEAU, SCOTT
1500 GATEWAY BLVD
SUITE 220
BOYNTON BEACH, FL 33426 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: SCOTT STRALEAU

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WIRTSCHAFTER, ARI
Address: 10784 LAKE WYNDS COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: STRUHL, PHYLLIS
Address: 10886 LAKE WYNDS COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VTD () Delete
Name: MOSS, ANDREW
Address: 10833 LAKE WYNDS COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: KAUFMAN, OTTO
Address: 10785 LAKE WYNDS CT
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: YOUNG, DEBRA
Address: 10874 LAKE WYNDS COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D (X) Change () Addition
Name: ZAVODNICK, MARLENE
Address: 10893 LAKE WYNDS COURT
City-St-Zip: BOYNTON BEACH, FL 33437

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: ARI WIRTSCHAFTER

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date