2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 20, 2008
Secretary of State

DOCUMENT# N01000005591

Entity Name: THE OAKS OF WINDERMERE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 US

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34778 US

FEI Number: 59-3746830 **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:

SOLOMON, SPENCER RA
14443 PRUNNINGWOOD PLACE
WINTER GARDEN, FL 34787 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: SPENCER SOLOMON 08/20/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: METHVEN, DAWN
Address: 10348 OAKVIEW POINTE TERR
City-St-Zip: GOTHA, FL 34734

Title: SD ( ) Delete
Name: PINCKNEY, BRIAN
Address: 10643 OAKVIEW POINTE TERR
City-St-Zip: GOTHA, FL 34734

Title: TD ( ) Delete
Name: RICHMAN, SCOTT
Address: 10349 OAKVIEW POINTE TERR
City-St-Zip: GOTHA, FL 34734

Title: PD ( ) Delete
Name: POPP, ANN
Address: 1018 PARKWOOD COVE CT
City-St-Zip: GOTHA, FL 34734

Title: D ( ) Delete
Name: JACOBSON, ROGER
Address: 10452 OAKVIEW POINTE TERR
City-St-Zip: GOTHA, FL 34734

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 08/20/2008
Electronic Signature of Signing Officer or Director Date