2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008780

FILED Apr 10, 2008 Secretary of State

Entity Name: THE LAKES OF WINDERMERE COMMUNITY ASSOCIATION, INC.

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

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

FEI Number: 37-1428061 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 SR 434 SUITE 5000 LONGWOOD, FL 32779 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:

() Delete (X) Change () Addition

RENY, JOHN RENY, JOHN Name: Name: 2450 MAITLAND CIR PKWY Address: 2450 MAITLAND CIR PKWY STE 301 Address:

MAITLAND, FL 32751 MAITLAND, FL 32751

City-St-Zip: City-St-Zip:

Title: SD () Delete Title: VPD (X) Change () Addition GEHRHANDT, MARY

Name: Name: GRIPKA, KENNETH Address: 2450 MAITLAND CIR PKWY Address: 12912 FREEMAN ST City-St-Zip: MAITLAND, FL 32751 City-St-Zip: WINDERMERE, FL 34786

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

TRABACK, BILL Name: GILMET, LANCE Name:

2450 MAITLAND CENTER PKWY STE 301 2450 MAITLAND CIR PKWY Address: Address:

City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751

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: JOHN RENY PD 04/10/2008