

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004732

FILED
Apr 29, 2009
Secretary of State

Entity Name: WINDWARD COVE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O GRS MANAGEMENT ASSOC, INC.
3900 WOODLAKE BLVD., STE. 309
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

C/O GRS MANAGEMENT ASSOC, INC.
3900 WOODLAKE BLVD., STE. 309
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 52-2381583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LADWIG, PATTI HEIDLER
12765 WEST FOREST HILL BLVD.
STE 1312
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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:

Title: V () Delete
Name: GRACE, EDUARDO
Address: 4642 WINDWARD COVE LANE
City-St-Zip: WELLINGTON, FL 33449

Title: P () Delete
Name: GARVEY, JEAN
Address: 4602 WINDWARD COVE LN
City-St-Zip: WELLINGTON, FL 33467

Title: ST () Delete
Name: SAFRIET, SCOTT
Address: 4613 WINDWARD COVE LN
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ZUR, AMOS
Address: 4646 WINDWARD COVE LANE
City-St-Zip: WELLINGTON, FL 33449

Title: VP (X) Change () Addition
Name: GRAU, ED
Address: 4642 WINDWARD COVE LN
City-St-Zip: WELLINGTON, FL 33449

Title: ST (X) Change () Addition
Name: GREGG, JOHN
Address: 4639 WINDWARD COVE LN
City-St-Zip: WELLINGTON, FL 33449

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: AMOS ZUR

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date