# 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Nov 09, 2009**
**Secretary of State**

DOCUMENT# N02000004732

**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:**

UNITED COMMUNITY MANAGEMENT CORP.
11784 W. SAMPLE ROAD, SUITE #103
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

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

**New Mailing Address:**

UNITED COMMUNITY MANAGEMENT CORP.
11784 W. SAMPLE ROAD, SUITE #103
CORAL SPRINGS, FL 33065

**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:**

CAMPBELL, RENEE
11784 W. SAMPLE ROAD, SUITE #103
CORAL SPRINGS, FL 33065 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: RENEE CAMPBELL 11/09/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition
Name: SAFRIET, SCOTT
Address: 4613 WINDWARD COVE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: P (X) Change ( ) Addition
Name: GRAU, EDUARDO
Address: 4642 WINDWARD COVE LN
City-St-Zip: WELLINGTON, FL 33414

Title: VPT (X) Change ( ) Addition
Name: GREGG, JOHN
Address: 4639 WINDWARD COVE LN
City-St-Zip: WELLINGTON, FL 33414

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: MARY LOU PALMER AGT 11/09/2009
Electronic Signature of Signing Officer or Director Date