

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006571

FILED
Apr 13, 2009
Secretary of State

Entity Name: WYNDWOOD AT LAKE HIGHLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE. 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
STE. 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 56-2292496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 W. SR. 434 STE. 5000
LONGWOOD, FL 32779 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: VPD (X) Delete
Name: GARBER, PAUL
Address: 2059 WINTERSET DR
City-St-Zip: LAKELAND, FL 33813

Title: PD () Delete
Name: TRACE, ROBERT
Address: 4335 WATKINS LN
City-St-Zip: LAKELAND, FL 33813

Title: SD () Delete
Name: COSCIA, JEREMIAH
Address: 4282 MORTON CT
City-St-Zip: LAKELAND, FL 32813

Title: () Delete
Name:
Address:
City-St-Zip:

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: VPD () Change (X) Addition
Name: ROBISON, BARBARA
Address: 4305 SHIPP CT
City-St-Zip: LAKELAND, FL 33813

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: ROBERT TRACE

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date