


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90290 021 \*\*\*\*61.25

<b>DOCUMENT #</b> N03000000505	
<b>1. Entity Name</b> WINDING COVE HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 175 SABAL PALM DR LONGWOOD FL 32779	<b>Mailing Address</b> 175 SABAL PALM DR LONGWOOD FL 32779
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 4250 Alafaya Trail Suite, Apt. #, etc. 212 PMB 223 City & State Oviedo FL Zip 32765 Country USA
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1st MOORE CR2E037 (10/05)

<b>6. Name and Address of Current Registered Agent</b> STEPHAN, REINHARD G 2699 LEE ROAD STE 540 WINTER PARK FL 32789	<b>7. Name and Address of New Registered Agent</b> Name: Deborah Taylor Street Address (P.O. Box Number is Not Acceptable) 4250 Alafaya Trail Suite 212 PMB 223 City: Oviedo FL Zip Code 32765
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<b>4. FEI Number</b> 59-2365747	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Deborah Taylor* *Deborah Taylor V.P.* *4/27/06*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D <b>NAME</b> BONYADI, BYRON <b>STREET ADDRESS</b> 175 SABAL PALM DR <b>CITY-ST-ZIP</b> LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Pres <b>NAME</b> Jennifer Gordon <b>STREET ADDRESS</b> 4250 Alafaya Tr Ste 212 PMB 223 <b>CITY-ST-ZIP</b> Oviedo FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> DEBAKER-BONYADI, REGINA <b>STREET ADDRESS</b> 175 SABAL PALM DR <b>CITY-ST-ZIP</b> LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VP <b>NAME</b> Debi Taylor <b>STREET ADDRESS</b> 4250 Alafaya Tr Ste 212 PMB 223 <b>CITY-ST-ZIP</b> Oviedo FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> LONG, PATRICIA A <b>STREET ADDRESS</b> 175 SABAL PALM DR <b>CITY-ST-ZIP</b> LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> Dana Taylor <b>STREET ADDRESS</b> 4250 Alafaya Tr Ste 212 PMB 223 <b>CITY-ST-ZIP</b> Oviedo FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Jennifer Gordon* *4/25/06* *407-929 3832*