

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000505

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** WINDING COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2319 WINDING COVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

4250 ALAFAYA TRL  
212 PMB 223  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-2365747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, DEBORAH  
4250 ALAFAYA TRL  
STE 212 PMB 223  
OVIEDO, FL 32765 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: P ( ) Delete  
Name: GORDON, JENNIFER  
Address: 4250 ALAFAY TRL STE 212 PMB 223  
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete  
Name: TAYLOR, DEBI  
Address: 4250 ALAFAYA TRL STE 212 PMB 223  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: NOGLE, DARLENE  
Address: 4250 ALAFAYA TRAIL 212-223  
City-St-Zip: OVIEDO, FL 32765

**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:

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: JENNIFER GORDON

P

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date