

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009986

FILED
Mar 20, 2009
Secretary of State

Entity Name: WHIPPOORWILL GLEN /VOLCHKO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

283 OLIVIA ROSE CT.
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

283 OLIVIA ROSE CT.
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 56-2445789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, TROY L TREAS
283 OLIVIA ROSE CT.
LAKE MARY, FL 32746 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: D () Delete
Name: OLSON, TROY L TREAS.
Address: 283 OLIVIA ROSE COURT
City-St-Zip: LAKE MARY, FL 32746 US

Title: D () Delete
Name: ZULYWITZ, ZANE PRES.
Address: 268 OLIVIA ROSE CT.
City-St-Zip: LAKE MARY, FL 32746 US

Title: D () Delete
Name: ANDERSON, STUART V.P.
Address: 357 PINE TREE RD.
City-St-Zip: LAKE MARY, FL 32746 US

Title: D () Delete
Name: VOLCHKO, MARK SECR.
Address: 117 HALLMARK CT.
City-St-Zip: LAKE MARY, FL 32746 US

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: () 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: TROY L. OLSON

TREA

03/20/2009

Electronic Signature of Signing Officer or Director

Date