

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009986

FILED  
Jan 10, 2011  
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  
Name: OLSON, TROY L TREAS.  
Address: 283 OLIVIA ROSE COURT  
City-St-Zip: LAKE MARY, FL 32746 US

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** TROY L. OLSON

D

01/10/2011

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

\_\_\_\_\_  
Date