

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005517

FILED
Mar 21, 2009
Secretary of State

Entity Name: WINDCREST COMMONS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2810 WINDCREST OAKS CT
VALRICO, FL 33594

New Principal Place of Business:

2810 WINDCREST OAKS CT.
VALRICO, FL 33594

Current Mailing Address:

P.O. BOX 1386
VALRICO, FL 33595

New Mailing Address:

FEI Number: 03-0548661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFURIO, JAMES R ESQ.
201 EAST KENNEDY BLVD., SUITE 1460
TAMPA, FL 33606 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: PD () Delete
Name: MOUNCE, ANDREW
Address: 2810 WINDCREST OAKS CT
City-St-Zip: VALRICO, FL 33594

Title: TD () Delete
Name: DELGADO,II, RUBEN R
Address: 2829 WINDCREST OAKS CT
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: VEGA, LISA
Address: 2821 WINDCREST OAKS CT
City-St-Zip: VALRICO, FL 33594

Title: DV (X) Delete
Name: DILENGE, DOMINIC
Address: 2817 WINDCREST OAKS CT.
City-St-Zip: VALRICO, FL 33594

Title: D (X) Delete
Name: FISHER, TERRENCE
Address: 2835 WINDCREST OAKS CT.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: VEGA, LISA
Address: 2820 WINDCREST OAKS CT
City-St-Zip: VALRICO, FL 33594

Title: TS/S (X) Change () Addition
Name: DILENGE, DOMINIC
Address: 2817 WINDCREST OAKS CT.
City-St-Zip: VALRICO, FL 33594

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: DOMINIC DILENGE

TS/S

03/21/2009

Electronic Signature of Signing Officer or Director

Date