2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000008532

T FILED
Aug 27, 2009
Secretary of State

Entity Name: WINSLOW PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3527 PALM HARBOR BOULEVARD PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

3527 PALM HARBOR BOULEVARD PALM HARBOR, FL 34683

FEI Number: 20-2575993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HANSON, JACK 3527 PALM HARBOR BOULEVARD PALM HARBOR, FL 34683 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Age

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MITCHELL, MICHAEL Name: TARANTINO, MIKE

Address: 3185 BURBERRY STREET Address: 3169 BURBERRY STREET
City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD () Delete Title: VPD (X) Change () Addition

 Name:
 TARANTINO, MIKE
 Name:
 TORMA, PATRICIA

 Address:
 3169 BURBERRY STREET
 Address:
 3186 BRBERRY STREET

 City-St-Zip:
 TARPON SPRINGS, FL 34688
 City-St-Zip:
 TARPON SPRINGS, FL 34688

 $\label{eq:title:start} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf STD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:ALFORD, DANAName:MITCHELL, CAROLAddress:785 WINSLOW PARKAddress:7134 ST. MARTIN STREETCity-St-Zip:TARPON SPRINGS, FL 34688City-St-Zip:TARPON SPRINGS, FL 34688

Title: VPD (X) Delete Title: () Change () Addition

 Name:
 TORMA, PATRICIA
 Name:

 Address:
 3186 BURBERRY STREET
 Address:

 City-St-Zip:
 TARPON SPRINGS, FL 34688
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 MITCHELL, CAROL
 Name:

 Address:
 7134 SAINT MARTIN STREET
 Address:

 City-St-Zip:
 TARPON SPRINGS, FL 34688
 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: MIKE TARANTINO PD 08/27/2009