

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008774

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE WINDEMERE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

14511 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

PO BOX 34009
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 20-1602495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANKENSHIP, SUZANNE ESQ
25 WEST GOVERNMENT ST
PENSACOLA, FL 32502 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: VP () Delete
Name: GUINN, SCOTT
Address: 206 K ST.
City-St-Zip: MONROE, LA 71201

Title: P () Delete
Name: JONES, PAUL
Address: 3441 RALPH PHELPS
City-St-Zip: LOUISVILLE, TN 37777

Title: T () Delete
Name: BONDERUD, DENIS
Address: 9348 FOREST HILL LN
City-St-Zip: GERMANTOWN, TN 38139

Title: D () Delete
Name: RAMMELKAMP, PENELOPE
Address: 14511 PERDIDO KEY DR. #801
City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete
Name: VAN VILET, BRUCE
Address: 3152 HEMBREE TRACE DR.
City-St-Zip: MARIETTA, GA 30062

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:

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: PAUL JONES

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date