

Certified Mail # 7005 1820 0002 8151 1988

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90188 033 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                 |                                                                                                                           |
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| <b>DOCUMENT # N04000010502</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                |                                                                                                                           |
| 1. Entity Name<br>WINDING RIVER HOMEOWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                 |                                                                                                                           |
| Principal Place of Business<br>9115 58TH DRIVE EAST<br>SUITE A<br>BRADENTON, FL 34202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | Mailing Address<br>9115 58TH DRIVE EAST<br>SUITE A<br>BRADENTON, FL 34202                                       |                                                                                                                           |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | 3. Mailing Address                                                                                              |                                                                                                                           |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | Suite, Apt. #, etc.                                                                                             |                                                                                                                           |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | City & State                                                                                                    |                                                                                                                           |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                       | Zip                                                                                                             | Country                                                                                                                   |
| 4. FEI Number<br>20-1936736                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | Applied For<br>Not Applicable                                                                                   |                                                                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               | \$8.75 Additional Fee Required                                                                                  |                                                                                                                           |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | 7. Name and Address of New Registered Agent                                                                     |                                                                                                                           |
| D'URSO, LARRY J JR.<br>9115 58TH DRIVE EAST<br>SUITE A<br>BRADENTON, FL 34202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                               |                                                                                                                           |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                                                 |                                                                                                                           |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                                                 |                                                                                                                           |
| Filing Fee is \$61.25<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                           |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                 |                                                                                                                           |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                           |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>D'URSO, JEREMY J<br>9115 58TH DRIVE EAST #A<br>BRADENTON, FL 34202 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VTD<br>SANDERS, LINDA K<br>9115 58TH DRIVE EAST #A<br>BRADENTON, FL 34202 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SD<br>SANDE, AMY<br>9115 58TH DRIVE EAST #A<br>BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | Secretary<br>PAMELA Flock<br>8917 MANON LOOP Unit 204<br>Bradenton, FL 34202 <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                               |                                                                                                                 |                                                                                                                           |
| SIGNATURE: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               | President 4-20-07 941-753-7851<br>Date Daytime Phone #                                                          |                                                                                                                           |
| JAY D'URSO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                 |                                                                                                                           |