

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90008 049 \*\*\*\*61.25

<b>DOCUMENT # N04000011864</b>					
<b>1. Entity Name</b> WINDRIDGE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1420 SOUTH FLORIDA AVENUE LAKELAND, FL 33803			<b>Mailing Address</b> 1420 SOUTH FLORIDA AVENUE LAKELAND, FL 33803		
<b>2. Principal Place of Business - No P.O. Box #</b> 5018 Greenbrook Ln		<b>3. Mailing Address</b> P.O. Box 5284			
Suite, Apt. #, etc. /		Suite, Apt. #, etc.			
<b>City &amp; State</b> Lakeland FL		<b>City &amp; State</b> Lakeland FL		<b>4. FEI Number</b> 34-2028497	
<b>Zip</b> 33811		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HARPER, PAUL S 1420 SOUTH FLORIDA AVENUE LAKELAND, FL 33803		<b>7. Name and Address of New Registered Agent</b> Name: Kay Elliott Street Address (P.O. Box Number is Not Acceptable): 5018 Greenbrook Ln. City: Lakeland FL Zip Code: 33811			
<b>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.</b> SIGNATURE: <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VD <b>NAME</b> HARPER, ROBERT F III <b>STREET ADDRESS</b> 1420 SOUTH FLORIDA AVENUE <b>CITY-ST-ZIP</b> LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Angelia Hornburg <b>STREET ADDRESS</b> 5875 Windridge Dr <b>CITY-ST-ZIP</b> Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> HARPER, PAUL S <b>STREET ADDRESS</b> 1420 SOUTH FLORIDA AVENUE <b>CITY-ST-ZIP</b> LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Amy Egan <b>STREET ADDRESS</b> 5888 Windridge Dr <b>CITY-ST-ZIP</b> Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> REEBER, CHARLES H <b>STREET ADDRESS</b> 5902 BRECKENRIDGE PARKWAY STE B <b>CITY-ST-ZIP</b> TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> Jean Amato <b>STREET ADDRESS</b> 5827 Windridge Dr <b>CITY-ST-ZIP</b> Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> Sharon Neal <b>STREET ADDRESS</b> 5793 Old Luceerne Park Rd. <b>CITY-ST-ZIP</b> Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Jessica Engels <b>STREET ADDRESS</b> 5826 Windridge Dr <b>CITY-ST-ZIP</b> Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					