

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 09, 2007
Secretary of State

DOCUMENT# N05000000483

Entity Name: WINTER'S LANDING HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**232 S DILLARD STREET
WINTER GARDEN, FL 32787**New Principal Place of Business:**2582 S. MAGUIRE RD
SUITE 318
OCOOEE, FL 34761**Current Mailing Address:**PO BOX 194
PLYMOUTH, FL 32768**New Mailing Address:**PO BOX 783367
WINTER GARDEN, FL 34778**FEI Number:** 51-0533450**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PRATT, JAMES R
369 N NEW YORK AVE
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**SOLOMON, SPENCER RA
14443 PRUNNINGWOOD PL
WINTER GARDEN, FL 34787 US

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: SPENCER SOLOMON

11/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLSTON, ROBERT W
Address: 232 S DILLARD STREET
City-St-Zip: WINTER GARDEN, FL 32787

Title: DP () Delete
Name: JUNE, ROHLAND W JR
Address: 232 S DILLARD STREET
City-St-Zip: WINTER GARDEN, FL 32787

Title: D () Delete
Name: SEDLOFF, JEFFREY A
Address: 232 S DILLARD STREET
City-St-Zip: WINTER GARDEN, FL 32787

Title: ST () Delete
Name: HOLSTON, ROBERT W JR
Address: 232 S DILLARD STREET
City-St-Zip: WINTER GARDEN, FL 32787

Title: D () Delete
Name: COLES, BONNIE E
Address: PO BOX 194
City-St-Zip: PLYMOUTH, FL 32768

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, ZAC
Address: 502 E. HENSCHEN AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD (X) Change () Addition
Name: GILLETTE, WILLY
Address: 404 MACCHI AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD (X) Change () Addition
Name: RAGSDALE, JOHN
Address: 12 WINTERS LANDING DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Change () Addition
Name: ORTIZ, BORIS
Address: 505 E. GULLY AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Change () Addition
Name: MASK, MIKE
Address: 415 MACCHI AVE
City-St-Zip: WINTER GARDEN, FL 34787

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: SPENCER SOLOMON

RA

11/09/2007

Electronic Signature of Signing Officer or Director

Date