

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000483

FILED
Apr 20, 2009
Secretary of State

Entity Name: WINTER'S LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2582 S. MAGUIRE RD
SUITE 318
OCOOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 51-0533450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, SPENCER RA
14443 PRUNNINGWOOD PL
WINTER GARDEN, FL 34787 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: PD () Delete
Name: BROWN, ZAC
Address: 502 E. HENSCHEN AVE
City-St-Zip: WINTER GARDEN, FL 34787

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BLACKTON, BARBARA
Address: 10 WINTERS LANDING DR
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (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

04/20/2009

Electronic Signature of Signing Officer or Director

Date