

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 08, 2009
Secretary of State

DOCUMENT# N05000001899

Entity Name: WINDY PINES PHASES III AND IV HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**9102 SOUTH PARK CENTER LOOP, SUITE 200
ORLANDO, FL 32819**New Principal Place of Business:****Current Mailing Address:**9102 SOUTH PARK CENTER LOOP, SUITE 200
ORLANDO, FL 32819**New Mailing Address:**21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486**FEI Number:** 20-3265999**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**COOKSON, SCOTT A
9102 SOUTH PARK CENTER LOOP
SUITE 200
ORLANDO, FL 32819 US**Name and Address of New Registered Agent:**ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 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: WILLIAM ISAACSON

05/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUNN, PETER
Address: 1430 SW ST. LUCIE WEST BLVD, STE #101
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPD () Delete
Name: LEEVER, DIANA
Address: 1430 SW ST. LUCIE WEST BLVD, STE #101
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S/TD () Delete
Name: GRACE, STEPHANIC
Address: 1430 SW ST LUCIE WEST BLVD, STE #101
City-St-Zip: PORT SAINT LUCIE, FL 34986

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:

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: PETER GUNN

P

05/08/2009

Electronic Signature of Signing Officer or Director

Date