

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005860

FILED
Mar 31, 2008
Secretary of State

Entity Name: WEST WIND OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE RD. 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE RD. 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 20-8259859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 WEST STATE RD. 434
SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: JAMES W HART JR

03/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ZAKOSKE, JOHN
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DVP () Delete
Name: DEARING, MARK C.
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DST () Delete
Name: PORTER, ROBERT
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DAST (X) Delete
Name: RESTALL, SHELBY R
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DAST (X) Delete
Name: KNOX, LINNETTE C
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LAWSON, ROBERT A
Address: 5850 TG LEE BLVD STE 600
City-St-Zip: ORLANDO, FL 32822 US

Title: STD (X) Change () Addition
Name: MURPHY, BRANDY S
Address: 5850 TG LEE BLVD STE 600
City-St-Zip: ORLANDO, FL 32822 US

Title: D (X) Change () Addition
Name: AVELLI, LOU
Address: 5850 TG LEE BLVD STE 600
City-St-Zip: ORLANDO, FL 32822 US

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: ROBERT A LAWSON

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date