2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N06622

Entity Name: WINDWARD KNOLL MOBILE HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7 BRIARWOOD LANE
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

7 BRIARWOOD LANE
THONOTOSASSA, FL 33592

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKIDMORE, CATHERINE M
7 BRIARWOOD LANE
THONOTOSASSA, FL 33592 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:	P	( ) Delete
Name:	SNOOK, HELEN	
Address:	70 SANDALWOOD LANE	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	V	( ) Delete
Name:	SWARTZLANDER, WANDA	
Address:	83 SANDALWOOD LANE	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	T	( ) Delete
Name:	SKIDMORE, CATHERINE M	
Address:	7 BRIARWOOD LANE	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	D	( ) Delete
Name:	BEUTENMULLER, DANIEL	
Address:	56 ROSEWOOD DR	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	D	( ) Delete
Name:	FLANAGAN, CATHERINE	
Address:	2 BRIARWOOD LANE	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	D	( ) Delete
Name:	RUCKER, JAMES	
Address:	87 SANDALWOOD LN	
City-St-Zip:	THONOTOSASSA, FL 33592	

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:	
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: CATHERINE SKIDMORE TREA 01/21/2009

Electronic Signature of Signing Officer or Director — Date