2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N07000002884

Entity Name: HOMOSASSA TRADEWINDS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10265 FISHBOWL DRIVE
HOMOSASSA, FL 34448

New Principal Place of Business:

4450 E. WINDMILL DRIVE
APT 107
INVERNESS, FL 34453

Current Mailing Address:

10265 FISHBOWL DRIVE
HOMOSASSA, FL 34448

New Mailing Address:

4450 E. WINDMILL DRIVE
APT. 107
INVERNESS, FL 34453

FEI Number: 27-0107580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDIFORT, JAN-ERNST
4450 E. WINDMILL DRIVE
APT. 107
INVERNESS, FL 34453 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: PTD ( ) Delete
Name: SANDIFORT, JAN-ERNST
Address: 4450 E. WINDMILL DRIVE #107
City-St-Zip: INVERNESS, FL 34453

Title: VD ( ) Delete
Name: BELDERBOS, FRANCISCUS
Address: 4450 E. WINDMILL DRIVE #107
City-St-Zip: INVERNESS, FL 34453

Title: SD ( ) Delete
Name: BALK, JOSEPH M
Address: 4450 E. WINDMILL DRIVE #107
City-St-Zip: INVERNESS, FL 34453

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: JAN ERNST SANDIFORT PTD 04/28/2008

Electronic Signature of Signing Officer or Director — Date