

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002884

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** HOMOSASSA TRADEWINDS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4450 E. WINDMILL DRIVE  
APT 107  
INVERNESS, FL 34453

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**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: PTD (X) Change ( ) Addition  
Name: SANDIFORT, JAN-ERNST  
Address: 4450 E. WINDMILL DRIVE #107  
City-St-Zip: INVERNESS, FL 34453 US

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

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

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

MGR

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date