# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N07000012252

**Entity Name:** WINDSOR LAKESIDE VILLAGE OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

248 TRAFALGAR WAY
LAKE PLACID, FL 33852

**New Principal Place of Business:**

7826 SADDLE CREEK TRAIL
SARASOTA, FL 34241

**Current Mailing Address:**

7826 SADDLE CREEK TRAIL
SARASOTA, FL 34241

**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:**

DONATO, EVELYN
7826 SADDLE CREEK TRAIL
SARASOTA, FL 34241 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: DS ( ) Delete
Name: NICHOLSON, CHRISTIAN
Address: 7826 SADDLE CREEK TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: DP ( ) Delete
Name: HOUGHTON, GEORGE P
Address: 7826 SADDLE CREEK TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: DV ( ) Delete
Name: HOUGHTON, GARY
Address: 7826 SADDLE CREEK TRAIL
City-St-Zip: SARASOTA, FL 34241

**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: CHRISTIAN NICHOLSON D 04/30/2009

Electronic Signature of Signing Officer or Director Date