

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 18, 2009
Secretary of State

DOCUMENT# N09202

Entity Name: WINDSOR PARK TOWNHOMES OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2317 NE MANOR DR
PALM BAY, FL 32905 US**New Principal Place of Business:****Current Mailing Address:**2317 NE MANOR DR
PALM BAY, FL 32905 US**New Mailing Address:****FEI Number:** 59-2527889**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NUNN, DOROTHY
2515 MANOR DR NE
PALM BAY, FL 32905 US**Name and Address of New Registered Agent:**WATERS, DONALD E PD
2311 MANOR DR NE
PALM BAY, FL 32905 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: DONALD E WATERS, PRESIDENT

12/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HATFIELD, PAT
Address: 3115 MANOR DRIVE NORTHEAST
City-St-Zip: PALM BAY, FL 32905

Title: VPD () Delete
Name: PERDUE, HELEN
Address: 2316 MANOR DRIVE NE
City-St-Zip: PALM BAY, FL 32905

Title: SD (X) Delete
Name: COUTARD, DAWN
Address: 1515 MANOR DR NE
City-St-Zip: PALM BAY, FL 32905

Title: TD (X) Delete
Name: NUNN, DOROTHY
Address: 2515 MANOR DRIVE NE
City-St-Zip: PALM BAY, FL 32905

Title: D (X) Delete
Name: MARTINEZ, ROBYN
Address: 2716 MANOR DRIVE NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BAFUNDO, LISA M SD
Address: 1416 MANOR DR NE
City-St-Zip: PALM BAY, FL 32905

Title: TD (X) Change () Addition
Name: CARROLL, KEELY TD
Address: 1913 MANOR DR NE
City-St-Zip: PALM BAY, FL 32905

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: DONALD E WATERS

PD

12/18/2009

Electronic Signature of Signing Officer or Director

Date