

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09393

FILED
Jun 25, 2009
Secretary of State

Entity Name: WOODLANDS OF WINDERMERE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

7258 BRANCHTREE DR.
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1421
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 26-2193138 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KERKES, DEBBIE
7258 BRANCHTREE DRIVE
ORLANDO, FL 32835 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: D () Delete
Name: SMITH, GAIL L
Address: 7304 BRANCHTREE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: VD () Delete
Name: DARLINGTON, DIANNE
Address: 4431 WINDSMERE BLVD.
City-St-Zip: ORLANDO, FL 32835

Title: SD () Delete
Name: SIMPSON, RENEE
Address: 7336 BRANCHTREE DR
City-St-Zip: ORLANDO, FL 32835

Title: TD () Delete
Name: LOWE, PAMELA
Address: 7318 FORESTWOOD CT.
City-St-Zip: ORLANDO, FL 32835

Title: PD () Delete
Name: KERKES, DEBBIE
Address: 7258 BRANCHTREE DR.
City-St-Zip: ORLANDO, FL 32835

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:

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: PAMELA LOWE

TD

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date