

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11340

FILED
Apr 28, 2008
Secretary of State

Entity Name: WINDSONG OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741

New Mailing Address:

PO BOX 452847
KISSIMMEE, FL 34745

FEI Number: 59-2790470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC
231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741 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: STD () Delete
Name: SEITHEL, MIKE
Address: 2114 WINDJAMMER COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: PD () Delete
Name: RIVERA, ANITA O
Address: 1090 WINDWAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: VP () Delete
Name: RITA, MALDONADO
Address: 990 WINDWAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: PONS, DAVID
Address: 1029 LONGWIND WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Delete
Name: TWIGG, JACKIE
Address: 1260 WINDWAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RIVERA, ANITA O
Address: 1090 WINDWAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Change () Addition
Name: TWIGG, JACKIE
Address: 1260 WINDWAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

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: ANITA O RIVERA

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date