

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11340

FILED
Mar 19, 2010
Secretary of State

Entity Name: WINDSONG OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

241 RUBY AVENUE
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

241 RUBY AVENUE
KISSIMMEE, FL 34741 US

New Mailing Address:

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:

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC
241 RUBY AVENUE
KISSIMMEE, FL 34741 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: MARK HILLS

03/19/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MALDONADO, RITA
Address: 990 WINDWAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: VP
Name: TORRES, SARA
Address: 970 WINDWAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: ST
Name: RIVERA, ANITA O
Address: 1090 WINDWAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D
Name: ANDREW, JERRY
Address: 1135 WINDWAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

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

Title: D
Name: RUIZ, SUSAN
Address: 1060 WINDWAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744 US

I hereby 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 all other like empowered.

SIGNATURE: MARK HILLS

MR

03/19/2010

Electronic Signature of Signing Officer or Director

Date