2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12164

FILED Apr 08, 2009 Secretary of State

Entity Name: WINDMILL TERRACE HOMEOWNER'S ASSOCIATION INC

Current Principal Place of Business:		New Principal Place of Business:		
	DMILL CT D, FL 32809	US		
urrent Mailing Address:		ss:	New Mailing Address:	
	DMILL CT D, FL 32809	US		
I Number	: 59-2895135	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of	Current Registered Agent:	Name and Address o	of New Registered Agent:
ODGER:	S CADVM			
841 WIN	DMILL CT			
		JS		
RLAND(DMILL CT D, FL 32809 (purpose of changing its registered	d office or registered agent, or both,
RLAND(DMILL CT D, FL 32809 ↓ named entity e of Florida.		purpose of changing its registered	d office or registered agent, or both,
RLANDO ne above the Stat	DMILL CT D, FL 32809 ↓ named entity e of Florida. RE:			d office or registered agent, or both, Date
RLANDO ne above the Stati GNATU	DMILL CT D, FL 32809 ↓ named entity e of Florida. RE:	submits this statement for the particles of Registered Agreements	ent	
RLANDO ne above the Stati GNATU	DMILL CT D, FL 32809 Le named entity e of Florida. RE: Electro S AND DIREC	submits this statement for the price Signature of Registered Age CTORS:) Delete ARY LL CT.	ent	Date
RLANDO ne above the State GNATU FFICER le: me: dress:	DMILL CT D, FL 32809 Use named entity e of Florida. RE: Electro S AND DIRECTOR D (RODGERS, G, 5824 WINDMII ORLANDO, FL	submits this statement for the price Signature of Registered Age CTORS:) Delete ARY LL CT. . 32809) Delete RI LL CT	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: TRACY PONCE T 04/08/2009