

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12251

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** WINDSONG HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 607091  
ORLANDO, FL 328607091

**New Principal Place of Business:**

5496 CAURUS CT.  
ORLANDO, FL 32808

**Current Mailing Address:**

POST OFFICE BOX 607091  
ORLANDO, FL 328607091

**New Mailing Address:**

**FEI Number:** 59-2871900      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, DOTTIE  
5496 CAURUS CT  
ORLANDO, FL 32808      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: VPD      ( ) Delete  
Name: MCKATHAN, NEOMA  
Address: 5489 CAURUS CT.  
City-St-Zip: ORLANDO, FL 32808

Title: PD      ( ) Delete  
Name: EBERLY, KIM  
Address: 5488 CAURUS CT.  
City-St-Zip: ORLANDO, FL 32808

Title: TD      ( ) Delete  
Name: WALKER, DOTTIE  
Address: 5496 CAURUS COURT  
City-St-Zip: ORLANDO, FL 32808

Title: SD      ( ) Delete  
Name: MEDLEY, JACKIE  
Address: 5582 LIGHTHOUSE RD.  
City-St-Zip: ORLANDO, FL 32808

**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:

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: DOTTIE WALKER

TD

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date