

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90059 014 \*\*\*\*61.25

<b>DOCUMENT # N12966</b> 1. Entity Name <b>WINDWARD PLACE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O WORLD OF HOMES 2884 S OSCEOLA AVE ORLANDO, FL 32806</b>			Mailing Address <b>C/O WORLD OF HOMES 2884 S OSCEOLA AVE ORLANDO, FL 32806</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2706023</b>	
Zip		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WORLD OF HOMES 2884 S OSCEOLA AVE ORLANDO, FL 32806</b>			7. Name and Address of New Registered Agent Name _____ Street Address _____ City _____ <b>FL</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	TD <input type="checkbox"/> Delete		TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLENS, BOB		NAME	mullins, Bob	
STREET ADDRESS	3766 LANDLUBBER ST		STREET ADDRESS	3766 Landlubber St.	
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP	Orlando FL 32812	
TITLE	VPD <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FALCO, JOHN		NAME	Poz, Matt	
STREET ADDRESS	4554 MISTY MORN COURT		STREET ADDRESS	3761 Landlubber St	
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP	Orlando FL 32812	
TITLE	PD <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANDERSEN, JOHN		NAME	Cintolo, Robert	
STREET ADDRESS	4444 SEAWATER ST		STREET ADDRESS	3718 Landlubber St.	
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP	Orlando, FL 32812	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WAGNER, GREG		NAME	Molzan, Andy	
STREET ADDRESS	4542 MISTY MORN CIRCLE		STREET ADDRESS	4541 Misty Morning Circle	
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP	Orlando FL 32812	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLENS, SHARON		NAME		
STREET ADDRESS	3766 LANDLUBBER STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>2-8-07</b> Daytime Phone # _____		