

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13492

FILED
Jan 29, 2009
Secretary of State

Entity Name: WINDWARD COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 372571
SATELLITE BEACH, FL 32937

New Principal Place of Business:

203 WATERBURY LN
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

P.O. BOX 372571
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2694492 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZIEGLER, MICHAEL J
206 WATERBURY LN
INDIAN HARBOUR, FL 32937 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: PD () Delete
Name: GLOVER, SCOTT
Address: 201 WATERSUER LN
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: T () Delete
Name: ZIEGLER, MICHAEL J
Address: 206 WATERBURN LN
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D () Delete
Name: WRIGHT, NELSON
Address: 134 WINDWARD WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SD () Delete
Name: BAIRD, MAC
Address: 136 WINDWARD WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D () Delete
Name: MOORE, STEVE
Address: 116 WINDWARD WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CORADINE, ART
Address: 203 WATERBURY LN
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: T (X) Change () Addition
Name: ZIEGLER, MICHAEL J
Address: 206 WATERBURY LN
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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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: MICHAEL J. ZIEGLER

T

01/29/2009

Electronic Signature of Signing Officer or Director

Date