

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19437

FILED
Feb 18, 2009
Secretary of State

Entity Name: WINTER WOODS PROFESSIONAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

2760 SE 17TH STREET
SUITE 200
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2760 SE 17TH ST
SUITE 200
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3016101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNEY, GERALD W
89 NE 56TH TERRACE
OCALA, FL 34470 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: S () Delete
Name: HOSFORD, ROBERT
Address: PO BOX 90308
City-St-Zip: GAINESVILLE, FL 32607

Title: P () Delete
Name: MCKINNEY, GERALD W
Address: 89 NE 56TH TERR
City-St-Zip: OCALA, FL 34470

Title: T () Delete
Name: VIBE, DENNIS
Address: 1516 NE 17TH CT
City-St-Zip: OCALA, FL 34470

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:

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: GERALD W MCKINNEY

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date