

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19771

FILED
Aug 14, 2007
Secretary of State

Entity Name: WINDERWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4434 WINDERWOOD CIRCLE
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1853
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 65-0034430 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HIGHTOWER, SUSAN
4434 WINDERWOOD CIRCLE
ORLANDO, FL 32835 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: HIGHTOWER, SUSAN
Address: 4434 WINDERWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: FLASHNER, FRAN
Address: 4523 WINDERWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: HOUSE, JEFF
Address: 4434 WINDERWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: DS () Delete
Name: POOR, KIM
Address: 4438 WINDERWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: T () Delete
Name: KIRKLAND, CRAIG
Address: 4507 WINDERWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32835

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:

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: CHAD WOOD

T

08/14/2007

Electronic Signature of Signing Officer or Director

Date