2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20162

FILED Jan 19, 2009 Secretary of State

Entity Name: WINDOVER FARMS OF MELBOURNE HOMEOWNERS' ASSOCIATION, INC.

Cullent	rincipal Place	of Business:	New Princ	New Principal Place of Business:	
	DOVER WAY RNE, FL 32934	US			
Current M	lailing Addres:	s:	New Maili	ng Address:	
	DOVER WAY RNE, FL 32934	US			
FEI Number	: 59-2862082	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1311 BED	GER, CHARLES FORD DRIVE RNE, FL 32940	S A ESQUIRE US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing it	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	PD () SAVASTIO, SHA 4701 ANISE TRI MELBOURNE, F	EE COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
	STD ()	Delete	Title: Name:	() Change () Addition	
Name: Address:	CULLEN, PETER 3441 HEARTWO MELBOURNE, F	OOD LANE	Address: City-St-Zip:		
Name: Address: City-St-Zip: Title: Name: Address:	CULLEN, PETÉF 3441 HEARTWO MELBOURNE, F	DOD LANE L 32934 Delete IOUND RD	Address:	()Change ()Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	CULLEN, PETER 3441 HEARTWO MELBOURNE, F D () SIMON, BILL 4282 TURTLE M MELBOURNE, F	DOD LANE L 32934 Delete IOUND RD L 32934 Delete K R WAY	Address: City-St-Zip: Title: Name: Address:	()Change()Addition ()Change()Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	CULLEN, PETER 3441 HEARTWO MELBOURNE, F D () SIMON, BILL 4282 TURTLE M MELBOURNE, F VPD () NORRIS, CHUCI 4255 WINDOVE MELBOURNE, F	DOD LANE IL 32934 Delete DOUND RD IL 32934 Delete K R WAY L 32934 Delete JOUND RD L 32934	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	· · · · · · · · · · · · · · · · · · ·	

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: PATRICIA A. SIKORA MGR 01/19/2009