2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N22020

Entity Name: WINDWARD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795008

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795008

New Mailing Address:

FEI Number: 59-2936544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD, FL 32779 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:	VPD	(X) Delete
Name:	CAPUTO, LOUIS	
Address:	4430 YACHTMANS CT	
City-St-Zip:	ORLANDO, FL 32812	
Title:	TD	( ) Delete
Name:	DIEDRICH, STEVE	
Address:	4574 WHEELHOUSE CT	
City-St-Zip:	ORLANDO, FL 32812	
Title:	D	( ) Delete
Name:	BURKHOLDER, RANDY	
Address:	4484 YACHTMANS CT	
City-St-Zip:	ORLANDO, FL 32812	
Title:	SD	( ) Delete
Name:	PICKERING, ANDY	
Address:	4497 YACHTMAN CT	
City-St-Zip:	ORLANDO, FL 32812	
Title:	D	( ) Delete
Name:	CUNNINGHAM, ROY	
Address:	4418 YACHTMANS CT	
City-St-Zip:	ORLANDO, FL 32812	
Title:	PD	( ) Delete
Name:	CAFFERY, TOM	
Address:	4406 YACHTMANS CT	
City-St-Zip:	ORLANDO, FL 32812	

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:	D	(X) Change ( ) Addition
Name:	LUYSTER, DAVE	
Address:	4413 YACHTMANS CT	
City-St-Zip:	ORLANDO, FL 32812	
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: TOM CAFFERY PD 04/11/2008

Electronic Signature of Signing Officer or Director — Date