## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22020

FILED Mar 16, 2009 Secretary of State

Entity Name: WINDWARD ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4574 WHEELHOUSE CT ORLANDO, FL 32812

**Current Mailing Address: New Mailing Address:** 

4574 WHEELHOUSE CT ORLANDO, FL 32812

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIEDRICH, STEVEN J 4574 WHEELHOUSE CT ORLANDO, FL 32812

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition DIEDRICH, STEVE DIEDRICH, STEVEN J Name: Name: 4574 WHEELHOUSE CT Address: 4574 WHEELHOUSE CT Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812

Title: ( ) Delete Title: (X) Change ( ) Addition

BURKHOLDER, RANDY Name: KRICK, DAVID Name: Address: 4484 YACHTMANS CT Address: 4491 YACHTMANS CT City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812

Title: () Delete Title: SD (X) Change ( ) Addition

PICKERING, ANDY PICKERING, ANDY Name: Name: 4497 YACHTMAN CT 4497 YACHTMANS CT Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: LUYSTER, DAVE Name: LUYSTER, DAVID 4413 YACHTMANS CT 4413 YACHTMANS CT Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812

Title: () Delete Title: (X) Change ( ) Addition

CAFFERY, TOM BOURNE, CRAIG Name: Name: 4406 YACHTMANS CT 4455 YACHTMANS CT Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812

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: STEVEN J DIEDRICH TD 03/16/2009