

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25945

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** WINGROVE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 1323  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

8045 LANGROVE CT.  
ORLANDO, FL 32819 US

**Current Mailing Address:**

P.O. BOX 1323  
WINDERMERE, FL 34786 US

**New Mailing Address:**

**FEI Number:** 59-2903158      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ZASOWSKI, DANIEL E  
8045 LANDGROVE CT.  
ORLANDO, FL 32819 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: ZASOWSKI, DANIEL  
Address: 8045 LANDGROVE CT  
City-St-Zip: ORLANDO, FL 32819

Title: VPDT ( ) Delete  
Name: DENOMME, STEPHEN  
Address: 4843 WINGROVE BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: SD ( ) Delete  
Name: CHAMBERS, SUZANNE  
Address: 8051 LANGROVE BLVD.  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MARCINIAK, CHRISTINE  
Address: 4849 WINGROVE BLVD  
City-St-Zip: ORLANDO, FL 32819

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: STEVE DENOMME

VPDT

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date