


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90024 006 ****61.25

DOCUMENT # N27877 1. Entity Name WINDING OAKS ASSOCIATION, INC.	
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Principal Place of Business C/O BETH CALLANS MGMT. 595 BAY ISLES RD., STE 201 LONGBOAT KEY, FL 34228	Mailing Address 595 BAY ISLES RD, #201 LONGBOAT KEY, FL 34228
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DO NOT WRITE IN THIS SPACE

03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2916690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BETH CALLANS MANAGMENT
595 BAY ISLES RD, SUITE 201
LONGBOAT KEY, FL 34224

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CETRON, ALLEN 3401 WINDING OAKS DR LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDVIN, HENRY 3455 WINDING OAKS LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, FRED 3439 WINDING OAKS DR LONGBOAT, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLETZ, STANLEY 3427 WINDING OAKS DRIVE LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELCH, JOYCE 3432 WINDING OAKS DRIVE LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with another one empowered.

SIGNATURE: Tony Smith Fred B Smith 4/1/2008 941-883-7024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #