

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27877

FILED
Mar 17, 2009
Secretary of State

Entity Name: WINDING OAKS ASSOCIATION, INC.

Current Principal Place of Business:

C/O BETH CALLANS MGMT.
595 BAY ISLES RD., STE 201
LONGBOAT KEY, FL 34228

Current Mailing Address:

595 BAY ISLES RD, #201
LONGBOAT KEY, FL 34228

New Principal Place of Business:

C/O BETH CALLANS MANAGMENT CORPORATION
595 BAY ISLES RD., STE 200
LONGBOAT KEY, FL 34228

New Mailing Address:

595 BAY ISLES RD, STE 200
LONGBOAT KEY, FL 34228

FEI Number: 59-2916690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES RD, SUITE 200
LONGBOAT KEY, FL 34228 US

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: BETH CALLANS MANAGEMENT CORPORATION

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: CETRON, ALLEN
Address: 3401 WINDING OAKS DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: P () Delete
Name: MEDVIN, HENRY
Address: 3455 WINDING OAKS
City-St-Zip: LONGBOAT KEY, FL

Title: TD () Delete
Name: SMITH, FRED
Address: 3439 WINDING OAKS DR
City-St-Zip: LONGBOAT, FL 34228

Title: D () Delete
Name: PELLETZ, STANLEY
Address: 3427 WINDING OAKS DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: WELCH, JOYCE
Address: 3432 WINDING OAKS DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: CETRON, ALLAN
Address: 3401 WINDING OAKS DR
City-St-Zip: LONGBOAT KEY, FL 34228

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:

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: HENRY MEDVIN

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date