


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90016 013 ****61.25

DOCUMENT # N30166	
1. Entity Name WINDERMERE GARDEN VILLAS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 800 WINDERMERE BLVD INVERNESS, FL 34453 US	Mailing Address 800 WINDERMERE BLVD INVERNESS, FL 34453 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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6. Name and Address of Current Registered Agent VIDIC, EMIL J 706 INVERIE DRIVE INVERNESS, FL 34453	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
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SIGNATURE <u>Emil J. Vidic</u> TREASURER <u>1-10-08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE	
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Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAMMERLIN, RICHARD 802 LANARK COURT INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, LORI 823 BALMORAL COURT INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ROBERT 722 MORAY DRIVE INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PICCUCCH, WILLIAM 809 WINDERMERE BLVD. INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEFTON, JEAN 700 MORAY DR. INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDGES, LARRY 822 INVERIE DRIVE INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IAN HAY 825 INVERIE COURT INVERNESS, FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENE MASON 835 INVERIE COURT INVERNESS, FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEITH MCCORMICK 825 LANARK DRIVE INVERNESS, FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN FABIANI 820 BALMORAL COURT INVERNESS, FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINT REPH 805 WINDERMERE BLVD INVERNESS, FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRENE STARZINGER 720 BALMORAL COURT INVERNESS, FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 all other like empowered.	
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SIGNATURE: <u>Emil J. Vidic</u> EMIL J. VIDIC TREASURER <u>1-10-08</u> <u>352-560-7588</u> Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	
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