

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30166

FILED
Jan 07, 2009
Secretary of State

Entity Name: WINDERMERE GARDEN VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

800 WINDERMERE BLVD
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

800 WINDERMERE BLVD
INVERNESS, FL 34453 US

New Mailing Address:

FEI Number: 59-2945019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIDIC, EMIL J
706 INVERIE DRIVE
INVERNESS, FL 34453 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: S () Delete
Name: HAY, IAN
Address: 825 OMVEROE CT
City-St-Zip: INVERNESS, FL 34453

Title: P () Delete
Name: MASON, GENE
Address: 835 IVERIE CT
City-St-Zip: INVERNESS, FL 34453

Title: VP () Delete
Name: MCCORMICK, KEITH
Address: 825 LANARK DR
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: HERMAN, FABIANI
Address: 820 BALMORAL CRT
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: REPH, CLINT
Address: 805 WINDERMERE BLVD
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: STARZINGER, IRENE
Address: 720 BALMORAL CRT
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SADOWSKI, BARBARA
Address: 708 BALMORAL CT
City-St-Zip: INVERNESS, FL 34453

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

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

Title: D (X) Change () Addition
Name: PIECUCH, WILLIAM
Address: 827 WINDERMERE BLVD
City-St-Zip: INVERNESS, FL 34453

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: EMIL J. VIDIC

TREA

01/07/2009

Electronic Signature of Signing Officer or Director

Date