2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# N30498

Entity Name: WINDWARD MASTER ASSOCIATION, INC.

Current Principal Place of Business:

8530 LEEWARD PASSAGE CIRCLE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

8530 LEEWARD PASSAGE CIRCLE
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 65-0124522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTI HEIDLER LADWIG PA
127765 W FOREST HILL BLVD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

PATTI HEIDLER LADWIG PA
12765 W FOREST HILL BLVD
SUITE 1312
WELLINGTON, FL 33414 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: PATTI HEIDLER LADWIG ESQ 05/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: METZGER, ALEX
Address: 4631 CATAMARAN CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD ( ) Delete
Name: SENTNOR, SEYMOUR
Address: 8511 LEEWAY LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD ( ) Delete
Name: DAMES, WILLIAM
Address: 40857 MCGILL STREET
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D (X) Delete
Name: GELLER, MILTON
Address: 4841 YARDARM LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D (X) Delete
Name: STROBER, MYRON
Address: 8871 BOATSWAIN DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: ALEX METZGER PD 05/13/2009
Electronic Signature of Signing Officer or Director Date