

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31180

FILED
Feb 24, 2009
Secretary of State

Entity Name: THE WINDWOOD AT PINE WOODS, GROUP III, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

400 MISTY PINES CIRCLE
#203
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

7736 CITRUS HILL LANE
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0143344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARL, CARMINE
7736 CITRUS HILL LANE
#104
NAPLES, FL 34109 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: D () Delete
Name: SPRECCACENE, THOMAS
Address: 400 MISTY PINES CIRCLE APT. 105
City-St-Zip: NAPLES, FL 34105

Title: P () Delete
Name: STORY, ANGES
Address: 400 MISTY PINES CIRCLE APT. 203
City-St-Zip: NAPLES, FL 34105

Title: VP () Delete
Name: CHAMNESS, LORI
Address: 400 MISTY PINES CIRCLE APT
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: TRACEY, DONNA
Address: 400 MISTY PINES CIRCEL APT #206
City-St-Zip: NAPLES, FL 34105

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:

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: AGNESS STORY

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date