2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-26-2007 90071 003 ****61.25 DOCUMENT # N33644 WINDHORST VILLAGE HOMEOWNERS ASSOCIATION. 40041624 Principal Place of Business Mailing Address 1207 WINDHORST RIDGE DR 1207 WINDHORST RIDGE DR BRANDON, FL 33510 BRANDON, FL 33510 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1113 WINDADRST RIDGE DA Suite, Apt. #, etc. Suite, Apt. #, etc. 01212007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3026133 Applied For FL BARGOD SO Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kovey RICHARDS, RAYMOND L Street Address (P.O. Box Number is Not Acceptable) 1207 WINDHORST RIDGE DR BRANDON, FL 33510 100000h 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 agen **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check pavable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE Detete PD Chas Posex MI3 WINDASST RIDGE DA TITI F ☐ Addition NAME RICHARDS, RAYMOND L NAME STREET ADDRESS 1207 WINDHORST RIDGE DR STREET ADDRESS BRANDON, FL 33510 CITY_CT_7IP CITY-ST-ZIP BRANDON, 16 33510 TITLE 🗶 Delete TITLE ☐ Addition MENIA, GREG J JODD SAVAGE NAME NAME 1207 WINDADRST RIDGE Dr. STREET ADDRESS 1210 WINDHORST RIDGE DR STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33510 CITY-ST-ZIP BRAWDOW, FC. 33512 TΩ TITLE Delete TITLE Addition RODRIGUEZ, OSCAR BONALE DAY 1110 WHOTERSTRIDGE ON. NAME NAME STREET ADDRESS 1102 WINDHORST RIDGE STREET ADDRESS CITY-ST-ZIP BRANDON, FL CITY-ST-ZIP BRANDON, FC 33510 TITLE ☐ Delete TITLE ☐ Change Addition JOHNSTON, KAREN NAME 1113 W WINDHORST RDIGE DR STREET ADDRESS STREET ADDRESS BRANDON, FL 33510 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE

12. I hereby certify that the information supplied with this filling 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 attachment with a statutes, with a following the empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7iP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

GNING OFFICER OR CIRECTOR

☐ Delete

FILED Mar 26, 2007 8:00 am

Daytime Phone #

Change

ATTACHMENT

Daytime Phone #

Date

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	MENT # N33644 rst village homeowner						
Principal Place of Business 1207 WINDHORST RIDGE DR BRANDON, FL 33510 Mailing Address 1207 WINDHORST RIDGE BRANDON, FL 33510			E DR			ſ	
2. Principal P	lace of Business - No P.O. Box #	3: Malling Address		400	4162	4	
		Suite, Apt. #, eta.			,	•	
Suite, Apt.	#, etc.	Suite, Apt. #, eta.			g-NP CR2E	037 (12/06)	
City & State	9	City & State		4. FEI Number 59-302613	3	├ ─ ├ ─	plied For t Applicable
Ζιp	Country	Zip	COUNTRY	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current Re	gistered Agent		7. Name and Add	ess of New Registere	d Agent	
1207 WINE	S, RAYMOND L DHORST RIDGE DR I, FL 33510		Name Street Address (P.O. Box Number is Not Acceptable)				
			City		F	L Zip Code	 .
	named entity submits this statement for tions of registered agent.	he purpose of changing its re	egistered office or reg	istered agent, or both, in	the State of Florida 1 a	m familiar with	and accept
SIGNATURE .	Signature, typed or printed name of registered agent and	d urde il applicable. (NOTE:	Registered Agent signature re	quired when reinstating)	DATI	E	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		eck payable to partment of St	
10.	OFFICERS AND DIRE		11.	ADDITIONS (CLIANIC)	S TO OFFICERS AND	DIRECTORS IN	
TITLE	r——···································	CTORS	1 -	ADDITIONS/CHANGE			<u> </u>
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12. Lhereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR