

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 15, 2009
Secretary of State

DOCUMENT# N33644

Entity Name: WINDHORST VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1113 WINDHORST RIDGE DR.
BRANDON, FL 33510**New Principal Place of Business:**1115 WINDHORST RIDGE DR.
BRANDON, FL 33510**Current Mailing Address:**1113 WINDHORST RIDGE DR.
BRANDON, FL 33510**New Mailing Address:**1115 WINDHORST RIDGE DR.
BRANDON, FL 33510**FEI Number:** 59-3026133**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**POSEY, CHAS
1113 WINDHORST RIDGE DR.
BRANDON, FL 33510 US**Name and Address of New Registered Agent:**RYAN, JASON
1208 WINDHORST RIDGE DR.
BRANDON, FL 33510 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: JASON RYAN

07/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POSEY, CHAS
Address: 1113 WINDHURST RIDGE DR.
City-St-Zip: BRANDON, FL 33510

Title: VPD () Delete
Name: GULLI, DOMINIC
Address: 1205 WINDHURST RIDGE DR.
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: DAY, BONNIE
Address: 1110 WINDHURST RIDGE DR.
City-St-Zip: BRANDON, FL 33510

Title: SD () Delete
Name: JOHNSTON, KAREN
Address: 1113 W WINDHORST RDIGE DR
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: GOOD, KATHLEEN
Address: 1211 WINDHORST RIDGE DR.
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: SHERMAN, SAMANTHA
Address: 1201 WINDHORST RIDGE DR.
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RYAN, JASON
Address: 1208 WINDHORST RIDGE DR.
City-St-Zip: BRANDON, FL 33510

Title: T (X) Change () Addition
Name: STUTESMAN, COLIN
Address: 1115 WINDHORST RIDGE DR.
City-St-Zip: BRANDON, FL 33510

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: COLIN STUTESMAN

T

07/15/2009

Electronic Signature of Signing Officer or Director

Date