

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002859

FILED  
Feb 03, 2007  
Secretary of State

**Entity Name:** WINDY HILL ATHLETIC ASSOCIATION INC.

**Current Principal Place of Business:**

3850 SKYCREST DRIVE  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

9821 CUNNINGHAM ROAD  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 59-3027263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILSON, AMY  
9821 CUNNINGHAM RD  
JACKSONVILLE, FL 32246 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: PD ( ) Delete  
Name: BALKE, BEN  
Address: 13076 CHETS CREEK DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32224

Title: S ( ) Delete  
Name: WATSON, PATRICIA  
Address: 3762 FOREST BLVD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Delete  
Name: WILSON, AMY  
Address: 9821 CUNNINGHAM RD  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILSON, AMY  
Address: 9821 CUNNINGHAM ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

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 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: AMY WILSON

PD

02/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date