

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002859

FILED
May 07, 2009
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)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, AMY
9821 CUNNINGHAM RD
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

WILSON, AMY L
9821 CUNNINGHAM RD
JACKSONVILLE, FL 32246 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: AMY L WILSON

05/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: () 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: AMY L WILSON

PD

05/07/2009

Electronic Signature of Signing Officer or Director

Date