

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004229

FILED
Mar 19, 2008
Secretary of State

Entity Name: WINDING CREEK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 12906
FORT PIERCE, FL 349792906 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12906
FORT PIERCE, FL 349792906 US

New Mailing Address:

FEI Number: 65-0504337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRY, RICHARD A
1909 WINDING CREEK LANE
FORT PIERCE, FL 34981 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: DVP () Delete
Name: WHITESIDES, DAVID
Address: 2005 WINDING CREEK LN
City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete
Name: PRICE, RONALD
Address: 2300 WINDING CREEK LN
City-St-Zip: FORT PIERCE, FL 34981

Title: TD () Delete
Name: FERRY, RICHARD
Address: 1909 WINDING CREEK LN
City-St-Zip: FORT PIERCE, FL 34981

Title: SD () Delete
Name: MILLER, SCOTT
Address: 1900 WINDING CREEK LANE
City-St-Zip: FORT PIERCE, FL 34981

Title: PD () Delete
Name: WATKINS, STEVE M
Address: 2304 WINDING CREEK LANE
City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete
Name: TUFTE, KAREN J
Address: 4351 WINDING PLACE
City-St-Zip: FORT PIERCE, FL 34981

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
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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: RICHARD A FERRY

TD

03/19/2008

Electronic Signature of Signing Officer or Director

Date