

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000212

FILED
Mar 24, 2009
Secretary of State

Entity Name: WARWICK HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 355
OLDSMAR, FL 34677

New Principal Place of Business:

2295 WARWICK DRIVE
OLDSMAR, FL 34677

Current Mailing Address:

P.O. BOX 355
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3275390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYA, CAROL C
2295 WARWICK DRIVE
OLDSMAR, FL 34677 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: D () Delete
Name: SABARESE, STEVE
Address: 2327 WARWICK DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: BAKER, JOHN
Address: 2267 WARWICK DRIVE
City-St-Zip: OLDSMAR, FL 34667

Title: D () Delete
Name: FINCHUM, TRAVIS
Address: 2097 WARWICK DR
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: INDERWEIS, GEORGE
Address: 2228 WARWICK DR
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: ORR, GARY
Address: 2111 WARWICK DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Delete
Name: KAHN, HOWARD
Address: 2195 WARWICK DRIVE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BAKER, JOHN
Address: 2267 WARWICK DRIVE
City-St-Zip: OLDSMAR, FL 34667

Title: VP (X) Change () Addition
Name: FINCHUM, TRAVIS
Address: 2097 WARWICK DR
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change () Addition
Name: MCMONIGLE, DAVE
Address: 2075 WARWICK DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change () Addition
Name: BURMEISTER, PAUL
Address: 2183 WARWICK DRIVE
City-St-Zip: OLDSMAR, FL 34677

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: JOHN BAKER

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date