2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# N94000004802

Entity Name: WINDWARD VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2541 N RESTON TERR
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

2541 N RESTON TERR
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 59-3287583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABANA & COMPANY INC.
2541 N RESTON TERR
HERNANDO, FL 34442 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: MILLS, JIM
Address: 407 W MICKEY MANTLE PATH
City-St-Zip: HERNANDO, FL 34442

Title: T ( ) Delete
Name: WOLSKI, DARRELL
Address: 364 W GREENBERG CT
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete
Name: BECKWITH, SHARON
Address: 1927 N EAGLE CHASE DR
City-St-Zip: HERNANDO, FL 34442

Title: VP ( ) Delete
Name: RISKE, BILL
Address: 430 W. FENWAY DR.
City-St-Zip: HERNANDO, FL 34442

Title: S ( ) Delete
Name: LOGSDON, WAYNE
Address: 1646 N. DIMAGGIO PATH
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILLS, JIM
Address: 407 W MICKEY MANTLE PATH
City-St-Zip: HERNANDO, FL 34442

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

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

Title: VP (X) Change ( ) Addition
Name: PACHMAYER, JAMES
Address: 1563 N DIMAGGIO PATH
City-St-Zip: HERNANDO, FL 34442

Title: S (X) Change ( ) Addition
Name: ASEKUN, SOL
Address: 1522 N YAZ PT
City-St-Zip: HERNANDO, FL 34442

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: JIM MILLS P 04/17/2008

Electronic Signature of Signing Officer or Director — Date