

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001338

FILED
Jan 14, 2009
Secretary of State

Entity Name: WINDSOR MOBILE HOME PARK HOMEOWNERS ASSOCIATION OF KISSIMMEE, INC.

Current Principal Place of Business:

BARRY SWIFT
53 URANIUS ST
KISSIMMEE, FL 34746

New Principal Place of Business:

STEVE ATKINS
62 MOON LN
KISSIMMEE, FL 34746

Current Mailing Address:

BARRY SWIFT
53 URANIUS ST
KISSIMMEE, FL 34746

New Mailing Address:

STEVE ATKINS
62 MOON LN
KISSIMMEE, FL 34746

FEI Number: 59-3337884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, MARILYN B
15 MARS LANE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

GRZYWACZ, SANDRA
82 UNIVERSAL
KISSIMMEE, FL 34746 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: SANDRA GRZYWACZ

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SWIFT, BARRY
Address: 53 URANIUS ST
City-St-Zip: KISSIMMEE, FL 34746

Title: VD () Delete
Name: STOCKHOLM, JOYCE
Address: 11 PLUTO LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: S () Delete
Name: WOOD, HARILYN
Address: 15 MARS LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: T () Delete
Name: DESHAZER, SHERON
Address: 64 MOON LN
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ATKINS, STEVE
Address: 62 MOON LN.
City-St-Zip: KISSIMMEE, FL 34746

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

Title: S (X) Change () Addition
Name: GRZYWACZ, SANDRA
Address: 82 UNIVESAL
City-St-Zip: KISSIMMEE, FL 34746

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: SHERON DESHAZER

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date