2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001991

FILED Aug 14, 2006 Secretary of State

Entity Name: WINDING RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

17200 PINES BLVD

PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

17200 PINES BLVD.

PEMBROKE PINES, FL 33029

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

STONE, ADELE I ESQ STONE, ADELE I ESQ ONE FINANCIAL PLAZA

HOLLYWOOD, FL 33022 US SUITE 1400 FT. LAUDERDALE, FL 33394 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: ADELE I. STONE, ESQ 08/14/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: VSD () Delete Title: VD (X) Change () Addition

 Name:
 SESSA, GARY SEC
 Name:
 SESSA, GARY VP

 Address:
 17200 PINES BLVD
 Address:
 17200 PINES BLVD

City-St-Zip: PEMBROKE PINES, FL 330291505 City-St-Zip: PEMBROKE PINES, FL 330291505

Name: CLANCY, SCOTT PRES Name: CLANCY, SCOTT PRES
Address: 17200 PINES BLVD Address: 17200 PINES BLVD

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 330291505

Title: () Delete Title: SD () Change (X) Addition

Name: Name: SESSA, PAULÁ SEC Address: Address: 17200 PINES BLVD

City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 330291505

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT CLANCY PD 08/14/2006