2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N96000002650

Entity Name: WINDY HILL CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

10540 ANDERS BLVD
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

3632 EVE DR E
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3373905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAUPAS, ROBIN
3632 EVE DR E
JACKSONVILLE, FL 32246 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:	P	( ) Delete
Name:	KAUPAS, ROBIN	
Address:	3632 EVE DR EAST	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	D	( ) Delete
Name:	BURGESS, THERESA	
Address:	4347 DAIRY DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	S	( ) Delete
Name:	THORNTON, CECILE	
Address:	4438 PACKARD DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	T	( ) Delete
Name:	WATSON, PATRICIA	
Address:	3762 FOREST BOULEVARD	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	D	( ) Delete
Name:	INMAN, ROGER	
Address:	38268 PACKHARD DR	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	VP	( ) Delete
Name:	STACEY, EDNA	
Address:	3417 WINDY HILL PLACE	
City-St-Zip:	JACKSONVILLE, FL 32246	

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
Name:	
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: ROBIN KAUPAS P 01/07/2009

Electronic Signature of Signing Officer or Director — Date