

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003831

FILED
Jan 11, 2009
Secretary of State

Entity Name: WINDWARD COVE HOMEOWNERS ASSOCIATION OF AMELIA ISLAND, INC.

Current Principal Place of Business:

4942 WINDWARD PLACE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

4942 WINDWARD PLACE
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 59-3424826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TASSEY, MARGARET
4942 WINDWARD PLACE
FERNANDINA BEACH, FL 32034 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: DS () Delete
Name: PATTERSON, DIANNE
Address: 4943 WINDWARD PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DT () Delete
Name: TASSEY, MARGARET
Address: 4942 WINDWARD PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DP () Delete
Name: HOWARD, GENE
Address: 4939 WINDWARD PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: CONRAD, CAROLE
Address: 4936 WINDWARD PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

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

Title: DP (X) Change () Addition
Name: SHIVER, WILLIAM
Address: 4945 WINDWARD PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: MARGARET TASSEY

DT

01/11/2009

Electronic Signature of Signing Officer or Director

Date