

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000727

FILED
Jan 15, 2007
Secretary of State

Entity Name: THE WINDS OF ST. ARMANDS, SOUTH HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

3000 NORTH TUTTLE AVE.
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

2880 HILLCREST
SARASOTA, FL 34234

New Mailing Address:

2908 ROCKWOOD COVE
SARASOTA, FL 34234

FEI Number: 59-2645721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN
2880 HILLCREST DRIVE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

ROLLINS, SHARON L
2908 ROCKWOOD COVE
SARASOTA, FL 34234 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: SHARON L. ROLLINS

01/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDONOUGH, BRIAN
Address: 2880 HILLCREST DR
City-St-Zip: SARASOTA, FL 34234

Title: TD () Delete
Name: ROLLINS, SHARON
Address: 2908 ROCKWOOD COVE
City-St-Zip: SARASOTA, FL 34234

Title: SD () Delete
Name: PULLEN, LUANNE
Address: 3339 BAY OAKS DRIVE
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: DAWSON, MARY
Address: 2905 ROCKWOOD COVE
City-St-Zip: SARASOTA, FL 34234

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROLLINS, SHARON L
Address: 2908 ROCKWOOD COVE
City-St-Zip: SARASOTA, FL 34234

Title: VPD (X) Change () Addition
Name: DAWSON, MARY
Address: 2905 ROCKWOOD COVE
City-St-Zip: SARASOTA, FL 34234

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

Title: TD (X) Change () Addition
Name: JOHNSON, KAREN
Address: 2845 LAKE HAVEN DRIVE
City-St-Zip: SARASOTA, FL 34234

Title: D () Change (X) Addition
Name: BENNETT, BRENDA
Address: 2851 HILLCREST
City-St-Zip: SARASOTA, FL 34234

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: SHARON L. ROLLINS

PD

01/15/2007

Electronic Signature of Signing Officer or Director

Date