

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000727

FILED
Mar 04, 2008
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:

2908 ROCKWOOD COVE
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 59-2645721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: VPD () Delete
Name: DAWSON, MARY
Address: 2905 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: TD () Delete
Name: JOHNSON, KAREN
Address: 2845 LAKE HAVEN DRIVE
City-St-Zip: SARASOTA, FL 34234

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: MAYNARD, BARBARA
Address: 3320 BAY OAKS DR
City-St-Zip: SARASOTA, FL 34234

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: SHARON L. ROLLINS

PRES

03/04/2008

Electronic Signature of Signing Officer or Director

Date