2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2009
Secretary of State

DOCUMENT# N98000000727

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 (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:

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:	MAYNARD, BARBARA	
Address:	3320 BAY OAKS DR	
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	

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:	TD	(X) Change ( ) Addition
Name:	MCINTYRE, NORINE	
Address:	2935 REGENCY COVE	
City-St-Zip:	SARASOTA, FL 34234	

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 09/23/2009

Electronic Signature of Signing Officer or Director — Date