2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N98000002026

Entity Name: HILLS OF WINDSOR HOMEOWNER'S ASSOCIATION OF COLUMBIA COUNTY, INC.

Current Principal Place of Business:

934 NE LAKE DESOTO CIR
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

934 NE LAKE DESOTO CIR
LAKE CITY, FL 32055

New Mailing Address:

PO BOX 7382
LAKE CITY, FL 32055

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JORDAN, ROBERT F
934 NE LAKE DESOTO CIR
LAKE CITY, FL 32055 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: WILLIAMS, PENNY
Address: 337 SW LOCKHEED LANE
City-St-Zip: LAKE CITY, FL 32025

Title: TD ( ) Delete
Name: WILLIAMS, HAROLD
Address: 337 SW LOCKHEED LANE
City-St-Zip: LAKE CITY, FL 32025

Title: SD ( ) Delete
Name: JORDAN, LINNIE
Address: 234 S.W. WINDSOR DR.
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, PENNY
Address: PO BOX 7382
City-St-Zip: LAKE CITY, FL 32025

Title: TD (X) Change ( ) Addition
Name: WILLIAMS, HAROLD
Address: PO BOX 7382
City-St-Zip: LAKE CITY, FL 32025

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: HAROLD ALAN WILLIAMS MR 01/21/2009
Electronic Signature of Signing Officer or Director — Date