

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003330

FILED
Apr 25, 2008
Secretary of State

Entity Name: WINDERMERE CHASE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-3477720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORDAN, BRETT M
882 JACKSON AVE.
WINTER PARK, FL 32789 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: DEMCHAK, DANIEL
Address: 10172 WINDERMERE CHASE BLVD
City-St-Zip: GOTH, FL 34734

Title: TD () Delete
Name: SIMONETTA, ED
Address: 819 WINDER OAKS DRIVE
City-St-Zip: GOTH, FL 34734

Title: VP/D () Delete
Name: SASSO, MICHAEL
Address: 833 LITTLE HAMPTON LANE
City-St-Zip: GOTH, FL 34734

Title: D () Delete
Name: DOWLING, BRIAN
Address: 810 HUNTSVILLE RD.
City-St-Zip: GOTH, FL 34734

Title: S/D () Delete
Name: HODGES, ADAM
Address: 736 LITTLE HAMPTON LANE
City-St-Zip: GOTH, FL 34734

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: FRANK, TORTORICI
Address: 809 LITTLE HAMPTON LANE
City-St-Zip: GOTH, FL 34734

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

Title: PD (X) Change () Addition
Name: SASSO, MICHAEL
Address: 833 LITTLE HAMPTON LANE
City-St-Zip: GOTH, FL 34734

Title: SD (X) Change () Addition
Name: STEVE, BLANTON
Address: 839 HUNTSVILLE RD.
City-St-Zip: GOTH, FL 34734

Title: D (X) Change () Addition
Name: BOHN, FRED
Address: 10148 WINDERMERE CHASE BLVD.
City-St-Zip: GOTH, FL 34734

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: MIKE SASSO

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date