

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005859

1. Entity Name
HOMEOWNERS ASSOCIATION OF WINDSONG, INC.



Principal Place of Business

**433 JILLIAN DR
CRESTVIEW, FL 32539**

Mailing Address

**433 JILLIAN DR
CRESTVIEW, FL 32539**

DO NOT WRITE IN THIS SPACE



07282006 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3550191

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOOLLEY, ROSALYN
433 JILLIAN DR
CRESTVIEW, FL 32539**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HAGEDORN, BRUCE
5202 BROOKWOOD LANE
CRESTVIEW, FL 32539**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WOOLLEY, ROSALYN R
433 JILLIAN DR
CRESTVIEW, FL 32539**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

U000000573020
08/01/06-80010-011 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosalyn R Woolley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/06
Date

850) 682-3408
Business Phone #