2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005415

FILED Mar 22, 2009 Secretary of State

Entity Name: WINDWARD PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
Bullelli Fillicipai Flace VI Busilless.	New Fillicipal Flace of Dusilless.

606 TRUMAN AVENUE, #14 606 TRUMAN AVENUE #14

KEY WEST, FL 33040

KEY WEST, FL 33040 US

Current Mailing Address: New Mailing Address:

606 TRUMAN AVENUE, #14 606 TRUMAN AVENUE KEY WEST, FL 33040

KEY WEST, FL 33040 US

FEI Number: 65-0985127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCMICHAEL, NEIL 606 TRUMAN AVE.

KEY WEST, FL 33040 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

OLIVER, JOHN WHITING, DEBBIE Name: Name: Address: 121 CLOISTER DRIVE Address: 5200 KRAUS ROAD City-St-Zip: PEACHTREE, GA 30269 City-St-Zip: CLARENCE, NY 14031

Title: VD Title: (X) Change () Addition () Delete

NEIGHOFF, PATRICIA Name: KOVACH, ED Name: Address: 20780 GARDEN ROAD Address: 637 DUNKELD COURT City-St-Zip: EXCELSIOR, MN 55331 City-St-Zip: SEVERNA PARK, MD 21146

Title: () Delete Title: () Change () Addition

GRAY, DEBBRA Name: Name: 3560 PINE GROVE AVE Address: Address: City-St-Zip: PORT HURON, MI 48060 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: DEBBIE WHITING PD 03/22/2009