

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006934

FILED
Mar 24, 2006
Secretary of State

Entity Name: WINDSONG COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

C/O LELAND MGMT
8009 S ORANGE AVE
ORLANDO, FL 32809 US

New Mailing Address:

8009 S ORANGE AVENUE
ORLANDO, FL 32809 US

FEI Number: 59-3624043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURLOW, REBECA
8009 S ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809 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: REBECCA FURLOW

03/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIVKEES, PETER
Address: 502 GENIUS DR
City-St-Zip: WINTER PARK, FL 32789

Title: TD () Delete
Name: CARLTON, CHARLES
Address: 1143 PRESERVE POINT DR
City-St-Zip: WINTER PARK, FL 32789

Title: SD (X) Delete
Name: SLOANE, JENNIFER
Address: 1627 LOOKOUT LANDING CIR
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPTD (X) Change () Addition
Name: CARLTON, CHARLES
Address: 1143 PRESERVE POINT DR
City-St-Zip: WINTER PARK, FL 32789

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER RIVKEES

PD

03/24/2006

Electronic Signature of Signing Officer or Director

Date