

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007185

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE WHIPPOORWILL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1053 MAITLAND CENTER COMMONS BLVD.
SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2701
SANFORD, FL 32772 US

New Mailing Address:

FEI Number: 59-3759756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, BERRY J JR.
1053 MAITLAND CENTER COMMONS BLVD.
SUITE 200
MAITLAND, FL 32751 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: P () Delete
Name: VECCHIO, JOAN
Address: 3402 WHIPPOORWILL CT
City-St-Zip: SANFORD, FL 32773

Title: VP () Delete
Name: BROADWAY, LOUIS
Address: 3401 WHIPPOORWILL CT
City-St-Zip: SANFORD, FL 32773

Title: S () Delete
Name: OSTREICHER, TY JR
Address: 3406 WHIPPOORWILL CT
City-St-Zip: SANFORD, FL 32773

Title: T () Delete
Name: BROADWAY, BARBARA
Address: 3401 WHIPPOORWILL COURT
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BARBARA BROADWAY

TRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date