

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007446

FILED
Feb 10, 2009
Secretary of State

Entity Name: ISLES OF WINDERMERE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12741 WINDERMERE ISLES PL
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

12741 WINDERMERE ISLES PL
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3622664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEEK, ELWYN J
12741 WINDERMERE ISLES PLACE
WINDERMERE, FL 34786 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: CHEEK, ELWYN
Address: 12741 WINDERMERE ISLES PL
City-St-Zip: WINDERMERE, FL 34786

Title: VD () Delete
Name: HILL, SANDRA
Address: 12717 WINDERMERE ISLES PL
City-St-Zip: WINDERMERE, FL 34786

Title: SD () Delete
Name: CHEEK, MARIANNE
Address: 12741 WINDERMERE ISLES PL
City-St-Zip: WINDERMERE, FL 34786

Title: TD () Delete
Name: RAMSKI, TIMOTHY
Address: 12701 WINDERMERE ISLE PL
City-St-Zip: WINDERMERE, FL 34786

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: ELWYN CHEEK

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date