## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P07000021415** FILED 1. Entity Name WINDERMERE PROPERTY INVESTMENTS, INC. 08 APR 24 AM 7: 30 Principal Place of Business Mailing Address BLONLTÅNT OF STATE 9350 CONROY WINDERMERE ROAD 9350 CONROY WINDERMERE ROAD LALLAHASSEE, FLORIDA WINDERMERE, FL 34786 WINDERMERE, FL 34786 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVE. TALLAHASSEE, FL 32301 City Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition THAKKAR, RASESH NAME NAME 9350 CONROY WINDERMERE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP TITLE DVPT ☐ Delete TITLE ☐ Addition VOSS, JEFFERSON R NAME NAME \*\*9463.75 STREET ADDRESS 9350 CONROY WINDERMERE ROAD STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIERCY, TYLER NAME NAME STREET ADDRESS 9350 CONROY WINDERMERE ROAD STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 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 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 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 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 of the corporation of the corporation of the receiver of the corporation of the corp of the corporation or the rechanged, or on an attach SIGNATURE: SIGNATURE AND THE NTED NAME OF SIGNI H DE DIRECTO