

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000008588

Entity Name: WINDSTAR HOMES INC.

FILED  
Jan 07, 2009  
Secretary of State

## Current Principal Place of Business:

4890 W KENNEDY BLVD.  
STE. 480  
TAMPA, FL 33609 US

## Current Mailing Address:

PO BOX 320367  
TAMPA, FL 336792367

## New Principal Place of Business:

4890 W KENNEDY BLVD.  
STE. 110  
TAMPA, FL 33609 US

## New Mailing Address:

FEI Number: 59-3358272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LESSER, DAVID K  
4890 W. KENNEDY BLVD.  
SUITE 480  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

LESSER, DAVID K  
4890 W. KENNEDY BLVD.  
SUITE 110  
TAMPA, FL 33609 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:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: LESSER, DAVID K  
Address: 4890 W KENNEDY BLVD., STE. 480  
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete  
Name: LESSER, KAREN  
Address: 4890 W KENNEDY BLVD., STE. 480  
City-St-Zip: TAMPA, FL 33609

Title: P ( ) Delete  
Name: GROSS, ROBERT  
Address: 4890 W KENNEDY BLVD., STE. 480  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: LESSER, DAVID K  
Address: 4890 W KENNEDY BLVD., STE. 110  
City-St-Zip: TAMPA, FL 33609

Title: ST (X) Change ( ) Addition  
Name: LESSER, KAREN  
Address: 4890 W KENNEDY BLVD., STE. 110  
City-St-Zip: TAMPA, FL 33609

Title: P (X) Change ( ) Addition  
Name: GROSS, ROBERT  
Address: 4890 W KENNEDY BLVD., STE. 110  
City-St-Zip: TAMPA, FL 33609

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN LESSER

ST

01/07/2009

Electronic Signature of Signing Officer or Director

Date