


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 722651</b> 1. Entity Name EAST WIND ASSOCIATION, INC.	
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Principal Place of Business 4505 SOUTH ATLANTIC AVENUE PONCE INLET, FL 32127	Mailing Address 4505 SOUTH ATLANTIC AVENUE PONCE INLET, FL 32127
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04182008 No Chg-NP CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1509633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

MISLEH, YVONNE D  
 4505 S. ATLANTIC AVE.  
 PONCE INLET, FL 32127

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000913198  
 05/08/08-80005-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURO, TOM 1660 DIANA DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POUZAR, SUSAN L PO BOX 4288 ENTERPRISE, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORMASAND, PETER 6719 BEZ GLADE PL SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VANPELT, GARY 13516 DOMOACH DR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Yvonne D Mistleh* 4/18/08