

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725498

FILED
Mar 07, 2006
Secretary of State

Entity Name: WINDWARD BAY, INC.

Current Principal Place of Business:

4888 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

4888 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-1683876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOBECK, DANIEL J
2033 MAIN STREET
SUITE 403
SARASOTA, FL 34237 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: RYALL, ROBERT
Address: 4840 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T () Delete
Name: STEAGALL, LARRY P
Address: 4700 GULF OF MEXICO DRIVE # PH5
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP () Delete
Name: GORNOWICZ, CAROLYN
Address: 4960 GULF OF MEXICO DRIVE # PH3
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: HARTIGAN, JOHN
Address: 4540 GULF OR MEXICO DRIVE #303
City-St-Zip: LONGBOAT KEY, FL

Title: S () Delete
Name: LEMACK, ALVIN
Address: 4500 GULF OF MEXICO DRIVE # 303
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: ORLANDO, JOE
Address: 4540 GULF OF MEXICO DR # 301
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GORNOWICZ, CAROLYN
Address: 4960 GULF OF MEXICO DRIVE # PH3
City-St-Zip: LONGBOAT KEY, FL 34228

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

Title: VP (X) Change () Addition
Name: HARTIGAN, JOHN
Address: 4540 GULF OR MEXICO DRIVE #303
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D (X) Change () Addition
Name: SHERMAN, NORMAN
Address: 4500 GULF OR MEXICO DRIVE #203
City-St-Zip: LONGBOAT KEY, FL

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 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: ALVIN LEMACK

S

03/07/2006

Electronic Signature of Signing Officer or Director

Date