

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746002 (5)
1. Corporation Name
WINDWARD EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3060 N ATLANTIC AVE #109 COCOA BEACH FL 32931 US

3. Date Incorporated or Qualified **02/19/1979** 3a. Date of Last Report **04/11/1995**
4. FEI Number **59-1861702** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONALD, HUGH
3060 N. ATLANTIC AVENUE
UNIT 101
COCOA BEACH FL 32931**

81 Name **Nicholas Pandolf**
82 Street Address (P.O. Box Number is Not Acceptable) **3010 B N. Atlantic Ave.**
83
84 City **Cocoa Beach,** FL 85 Zip Code **32931**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *N. G. Pandolf*

2/15/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D.V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, HUGH	1.2 NAME	HUGH McDonald
STREET ADDRESS	3060 N. ATLANTIC AVENUE, 101	1.3 STREET ADDRESS	3060 N. Atlantic Ave #101
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	Cocoa Beach FL, 32931
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINSON, SALLY	2.2 NAME	Pheobe Hosselton
STREET ADDRESS	303A N ATLANTIC AVE	2.3 STREET ADDRESS	3060 N. Atlantic Ave #605
CITY-ST-ZIP	COCOA BCH FL	2.4 CITY-ST-ZIP	Cocoa Beach, FL, 32931
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELKEN, RALPH	3.2 NAME	
STREET ADDRESS	3060 N ATLANTIC AVE S412	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANDOLF, NICK	4.2 NAME	Nicholas Pandolf
STREET ADDRESS	3010 B N ATLANTIC AVE	4.3 STREET ADDRESS	3010 B N. Atlantic Ave
CITY-ST-ZIP	COCOA BEACH FL	4.4 CITY-ST-ZIP	Cocoa Beach, FL, 32931
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D.V.P. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASWELL, JOHN	5.2 NAME	James Floto
STREET ADDRESS	510 GOLDENROD CT	5.3 STREET ADDRESS	3060 N. Atlantic Ave #405
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Cocoa Beach, FL, 32931
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	D.V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUGH McDonald
1.3 STREET ADDRESS	3060 N. Atlantic Ave #101
1.4 CITY-ST-ZIP	Cocoa Beach FL, 32931
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pheobe Hosselton
2.3 STREET ADDRESS	3060 N. Atlantic Ave #605
2.4 CITY-ST-ZIP	Cocoa Beach, FL, 32931
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nicholas Pandolf
4.3 STREET ADDRESS	3010 B N. Atlantic Ave
4.4 CITY-ST-ZIP	Cocoa Beach, FL, 32931
5.1 TITLE	D.V.P. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James Floto
5.3 STREET ADDRESS	3060 N. Atlantic Ave #405
5.4 CITY-ST-ZIP	Cocoa Beach, FL, 32931
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *N. G. Pandolf*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 **407-783-6592**
Date Day/Time Phone #

CR2E037 (12/95)