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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 3060 N ATLANTIC AVE  
S109 #109  
COCOA BEACH FL 32931 COCOA BEACH FL 32931-3342  
US US

3. Date Incorporated or Qualified 02/19/1979 3a. Date of Last Report 02/22/1996  
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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
PANDOLF, NICHOLAS  
30100 N. ATLANTIC AVENUE  
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent  
81 Name KRAUS, ED  
82 Street Address (P.O. Box Number is Not Acceptable) 3060 N. ATLANTIC AVE. SUITE 207  
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 *E. B. Kraus* E. B. KRAUS Pres. PRESIDENT (P) 2/13/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MCDONALD, HUGH	
STREET ADDRESS	3060 N. ATLANTIC AVENUE, 101	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOSSELTON, PHEOBE	
STREET ADDRESS	3060 N ATLANTIC AVENUE SUITE605	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WELKEN, RALPH	
STREET ADDRESS	3060 N ATLANTIC AVE S412	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PANDOLF, NICK	
STREET ADDRESS	3010 B N ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FLOTO, JAMES	
STREET ADDRESS	3060 N ATLANTIC AVENUE SUTE 405	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Secretary</i>
2.3 STREET ADDRESS	<i>Phoebe S. Hosselton</i>
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P KRAUS, ED
4.3 STREET ADDRESS	3060 N. ATLANTIC AVE SUITE 207
4.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *E. B. Kraus* E. B. KRAUS Pres. 2/13/97 407-783-6592  
Signature typed or printed name of signing officer or director Date Daytime Phone # 0019287

CR2E037 (9/96)