

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90004 015 ****61.25

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # N03000002518 1. Entity Name WIND SONG CONDOMINIUM ASSOCIATION OF CAPE CORAL, INC. | | | | | |
| Principal Place of Business 1412 SE 46TH STREET CAPE CORAL, FL 33904 | | | Mailing Address 1412 SE 46TH STREET CAPE CORAL, FL 33904 | | |
| 2. Principal Place of Business | | 3. Mailing Address 1414 SE 46th St Unit 1A | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State CAPE CORAL, FL | | | |
| Zip | Country | Zip 33904 | Country lee | 4. FEI Number APPLIED FOR 591967662 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent EDWARDS, JOHN H 1412 SE 46TH STREET APT 1G CAPE CORAL, FL 33904 | | | 7. Name and Address of New Registered Agent Name Beverly T Broderick Street Address (P.O. Box Number is Not Acceptable) 1414 SE 46th St Unit 1A City CAPE CORAL FL Zip Code 33904 | | |
| 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 <u><i>Beverly T Broderick</i></u> T Beverly T Broderick <u>7/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD EDWARDS, JOHN 1412 SE 46TH STREET CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WISNER, JOHN 1412 SE 46TH STREET CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JEFFORDS, LEON 1412 SE 46TH STREET CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 12. I 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 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: <u><i>Beverly T Broderick</i></u> Beverly T Broderick <u>7/5/05 (239) 579-1469</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |

14018236



07012005 Chg-NP CR2E037 (10/03)