


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90038 048 ****61.25

DOCUMENT # N44960

1. Entity Name
WINDWARD CAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
 2180 W SR 434
 SUITE 5000
 LONGWOOD, FL 32779 US

Mailing Address
 2180 W SR 434
 SUITE 5000
 LONGWOOD, FL 32779 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03172008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3085569

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W JR
 SENTRY MANAGEMENT, INC
 2180 W SR 434, SUITE 5000
 LONGWOOD, FL 21779

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME BROOKS, KENT
 STREET ADDRESS 4733 ALEXIS DR
 CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE PD Change Addition
 NAME JONES, ROSE
 STREET ADDRESS 4809 PLINY CT
 CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE VPD Delete
 NAME ASPEY, GORDON
 STREET ADDRESS 4708 WINDWOOD DR
 CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE D Change Addition
 NAME DIXON, MICHAEL
 STREET ADDRESS 4811 PLINY CT
 CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE STD Delete
 NAME HENKEN, DON
 STREET ADDRESS 4776 WINDWOOD DR
 CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE VPD Change Addition
 NAME SABLAD, MARLO
 STREET ADDRESS 4726 ALEXIS DR
 CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE D Delete
 NAME GARTENBERG, ELLIOTT
 STREET ADDRESS 4729 ALEXIS DR
 CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE D Change Addition
 NAME DIXON, MICHAEL
 STREET ADDRESS 4811 PLINY CT
 CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Change Addition
 NAME ASPEY, GORDON
 STREET ADDRESS 4708 WINDWOOD DR
 CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Change Addition
 NAME BOYD, KEN
 STREET ADDRESS 4817 PLINY CT
 CITY-ST-ZIP KISSIMMEE, FL 34746

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: Rosemary Jones **ROSEMARY JONES** 4/2/08 407-973-3206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #