

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005419

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** WINDANCER COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

10221 EMERALD COAST PKWY  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

10221 EMERALD COAST PKWY  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

10221 EMERALD COAST PKWY  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 59-3368858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GELDER, JAY  
10221 EMERALD COAST PKWY  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

**Name and Address of New Registered Agent:**

GELDER, JAY B  
10221 EMERALD COAST PKWY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

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: JAY B GELDER

04/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: GIRARD, ROBERT  
Address: 781 CUMERLAND HILLS DR  
City-St-Zip: HENDERSON, TN 37075 US

Title: VPD  
Name: RUSSO, MICHAEL  
Address: 3067 WATERFORD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: PTD  
Name: FRYE, BOBBY R  
Address: 1272 SCENIC GULF DRIVE 1101  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D  
Name: SMITH, MARK  
Address: 196 FAIRWAYS DRIVE  
City-St-Zip: VICKSBURG, MS 39183 US

Title: D  
Name: SMITH, JAMES  
Address: 16557 STRAIN RD.  
City-St-Zip: BATON ROUGE, LA 70816 US

Title: D  
Name: PTACHICK, ELISA  
Address: 402 WINDANCER LANE  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

I hereby 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 all other like empowered.

SIGNATURE: BOB FRYE

PTD

04/06/2010

Electronic Signature of Signing Officer or Director

Date