

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90199 029 \*\*\*\*61.25

**DOCUMENT # N95000005419**



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

|   |   |
|---|---|
| Principal Place of Business<br><b>1096 SCENIC GULF DR<br/>SUITE C-102B<br/>DESTIN FL 32550<br/>US</b> | Mailing Address<br><b>1096 SCENIC GULF DR<br/>SUITE C-102B<br/>DESTIN FL 32550<br/>US</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>215 Grand Boulevard</b> | 3. Mailing Address<br><b>215 Grand Boulevard</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                              |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>Sandestin, FL</b> | City & State<br><b>Sandestin, FL</b> |
|--------------------------------------|--------------------------------------|

|                     |         |                     |         |
|---------------------|---------|---------------------|---------|
| Zip<br><b>32550</b> | Country | Zip<br><b>32550</b> | Country |
|---------------------|---------|---------------------|---------|

4. FEI Number **59-3368858** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**BELL, DAVID  
GRAND SHORES MANAGEMENT  
1096 SCENIC GULF DR; SUITE C-102B  
DESTIN FL 32550**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**215 Grand Boulevard**  
City  
**Sandestin, FL** Zip Code  
**32550**

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 *David Bell* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST<br/>ACKLEY, ROBERT<br/>7 NORTH SUNSET BLVD<br/>GULF BREEZE FL 32578</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>POWELL, ROBERTA<br/>PO BOX 400<br/>NICEVILLE FL 32578</b> <input type="checkbox"/> Delete                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CHAPMAN, JAMES<br/>775 HAYCART LANE<br/>BIRMINGHAM AL 35244</b> <input type="checkbox"/> Delete                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>GIRARD, ROBERT<br/>781 CUMBERLAND HILLS DR<br/>HENDERSONVILLE TN 37075</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LEAMON, CHARLES<br/>8637 EVENHURST DRIVE<br/>GERMANTOWN TN 38138</b> <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DV<br/>MASSEE, REGAN<br/>11200 W 78th ST<br/>EDEN PRAIRIE, MN 55344</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DST<br/>POWELL, ROBERTA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>CHAPMAN, JAMES<br/>725 HAYCART LANE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DP<br/>GIRARD, ROBERT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>ROGERS, CLYDE<br/>1546 MAREMONT ROAD<br/>KNOXVILLE, TN 37918</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>RESENER, GUY<br/>1407 ALSHIRE COURT S<br/>TALLAHASSEE, FL 32317</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: *Roberta Powell* Roberta Powell 1/28/03

CR2E037 (10/02)