

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005415

1. Entity Name
WINDWARD PARK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 606 TRUMAN AVENUE, #14 KEY WEST, FL 33040 US	Mailing Address 606 TRUMAN AVENUE, #14 KEY WEST, FL 33040 US
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0985127	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCMICHAEL, NEIL
606 TRUMAN AVE.
#1
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMICHAEL, NEIL 606 TRUMAN AVE # 1 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOVACH, ED 20780 GARDEN RD S SHOREWOOD, MN 55337
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, DEBBRA 3560 PINE GROVE AVE PORT HURON, MI 48060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000149829
05/03/04-80202-019 61.25

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: *Neil H. Michael* **4-29-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #