2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# N99000005415

Entity Name: WINDWARD PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

606 TRUMAN AVENUE, #14
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

606 TRUMAN AVENUE, #14
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0985127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: MCMICHAEL, NEIL
Address: 606 TRUMAN AVE # 1
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete
Name: KOVACH, ED
Address: 20780 GARDEN RD S
City-St-Zip: SHOREWOOD, MN 55337

Title: SD ( ) Delete
Name: GRAY, DEBBRA
Address: 3560 PINE GROVE AVE
City-St-Zip: PORT HURON, MI 48060

Title: PD (X) Delete
Name: NEIGHOFF, KENNETH
Address: 673 DUNKELD COURT
City-St-Zip: SEVERNA PARK, MD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: OLIVER, JOHN
Address: 121 CLOISTER DRIVE
City-St-Zip: PEACHTREE, GA 30269

Title: VD (X) Change ( ) Addition
Name: KOVACH, ED
Address: 20780 GARDEN ROAD
City-St-Zip: EXCELSIOR, MN 55331

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN OLIVER PRES 03/29/2006

Electronic Signature of Signing Officer or Director — Date