


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000032045

1. Entity Name
WINDWARD HOMES, INC.



Principal Place of Business 5439 BEAUMONT CENTER BLVD SUITE 1050 TAMPA, FL 33634 US	Mailing Address 5439 BEAUMONT CENTER BLVD SUITE 1050 TAMPA, FL 33634 US
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01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3310863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NADER, DAVID A
 5439 BEAUMONT CENTER BLVD
 SUITE 1050
 TAMPA, FL 33634**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NADER, DAVID A 5439 BEAUMONT CENTER BLVD ST 1050 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNE, THOMAS C 5439 BEAUMONT CENTER BLVD STE 1050 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, EDWIN G 5439 BEAUMONT CENTER BLVD STE 1050 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALKA, RUSSELL J 5439 BEAUMONT CENTER BLVD STE 1050 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000632134
 02/21/07-80010-009 150.00

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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 607, 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: David Nader 1/30/07 813 918 9864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #