

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90042 024 \*\*\*\*61.25

**DOCUMENT # N96000002205**

1. Entity Name

**WINDANCER OWNERS ASSOCIATION, INC.**

Principal Place of Business

**1096 SCENIC GULF DRIVE  
SUITE C-102B  
DESTIN FL 32550**

Mailing Address

**1096 SCENIC GULF DRIVE  
SUITE C-102B  
DESTIN FL 32550**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3494907**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, DAVID  
GRANDSHORES MANAGEMENT  
1096 SCENIC GULF DR., SUITE C-102B  
DESTIN FL 32550**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
ACKLEY, ROBERT  
7 NORTH SUNSET BLVD.  
GULF BREEZE FL 32561** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
POWELL, ROBERTA  
636 CARR DRIVE  
NICEVILLE FL 32578** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PO BOX 400** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
DOMENICK, ANDREANA  
9500 GOTTEN WAY  
GERMANTOWN TN 38139** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHAPMAN, JAMES  
775 HAYCORT LANE  
BIRMINGHAM AL 35244** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**775 HAYCORT DRIVE** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
GIRARD, ROBERT  
781 CUMBERLAND HILLS DRIVE  
HENDERSONVILLE TN 37075** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEAMON, CHARLES  
4973 BARRINGTON COVE  
MEMPHIS TN 38125** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**8687 EVENHURST DRIVE  
GERMANTOWN, TN 38138** ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT J. GIRARD, JR**

Date

Daytime Phone #

**3/4/02****(615) 844-8626**

CR2E037 (9/01)