

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90031 030 \*\*\*\*61.25

**DOCUMENT # N96000002205**

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



Principal Place of Business  
**215 GRAND BLVD.  
SANDESTIN, FL 32550**

Mailing Address  
**215 GRAND BLVD.  
SANDESTIN, FL 32550**

**94017171**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3494907**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BELL, DAVID  
GRANDSHORES MANAGEMENT  
215 GRAND BLVD.  
SANDESTIN, FL 32550**

7. Name and Address of New Registered Agent

Name **TERRY P. GORMLEY**  
Street Address (P.O. Box Number is Not Acceptable)

**215 GRAND BLVD.**

City **DESTIN**

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

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

(NOTE: Registered Agent signature required when reinstating)

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete  
NAME **MASSEE, REGAN**  
STREET ADDRESS **11200 W. 78TH ST.**  
CITY-ST-ZIP **EDEN PRAIRIE, MN 55344**

TITLE **DST** ☒ Delete  
NAME **POWELL, ROBERTA**  
STREET ADDRESS **PO BOX 400**  
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **D** ☒ Delete  
NAME **ROGERS, CLYDE**  
STREET ADDRESS **1546 MAREMONT ROAD**  
CITY-ST-ZIP **KNOXVILLE, TN 37918**

TITLE **D** ☐ Delete  
NAME **CHAPMAN, JAMES**  
STREET ADDRESS **725 HAYCART LANE**  
CITY-ST-ZIP **BIRMINGHAM, AL 35244**

TITLE **DP** ☐ Delete  
NAME **GIRARD, ROBERT**  
STREET ADDRESS **781 CUMBERLAND HILLS DRIVE**  
CITY-ST-ZIP **HENDERSONVILLE, TN 37075**

TITLE **D** ☒ Delete  
NAME **RESENER, GUY**  
STREET ADDRESS **1407 ALSHIRE COURT S.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition  
NAME **Frye, Bobby R.**  
STREET ADDRESS **4049 DRIFTING SAND TRAIL**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**Robert J Girard, Jr.** **ROBERT J GIRARD, JR.**

**2/9/04**

Date

**(615) 844-8626**

Daytime Phone #