

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002205

FILED  
Apr 30, 2006  
Secretary of State

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

**Current Principal Place of Business:**

215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

**FEI Number:** 59-3494907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORMLEY, TERRY P  
215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 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: D ( ) Delete  
Name: MASSEE, REGAN  
Address: 11200 WEST 78TH ST  
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: DST ( ) Delete  
Name: FRYE, BOBBY R  
Address: 4049 DRIFTING SAND TRAIL  
City-St-Zip: DESTIN, FL 32541 US

Title: D ( ) Delete  
Name: CHAPMAN, JAMES  
Address: 725 HAYCART LANE  
City-St-Zip: BIRMINGHAM, AL 35244 US

Title: DP ( ) Delete  
Name: GIRARD, ROBERT  
Address: 781 CUMBERLAND HILLS DRIVE  
City-St-Zip: HENDERSONVILLE, TN 37075 US

Title: DV ( ) Delete  
Name: RUSSO, MIKE  
Address: 3067 WATERFORD DR  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D ( ) Delete  
Name: SMITH, MARK  
Address: 196 FAIRWAYS  
City-St-Zip: VICKSBURG, MS 39183 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: BOBBY FRYE

DST

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date