


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 770572		
1. Entity Name LAKE WINDWOOD CONDOMINIUM I ASSOCIATION, INC.		
Principal Place of Business 2600 GREENWOOD TERR. BOCA RATON, FL 33431	Mailing Address 2600 GREENWOOD TERR. BOCA RATON, FL 33431	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GELFAND, MICHAEL J 1555 PALM BEACH LAKES BLVD SUITE 1220 WEST PALM BEACH, FL 33401		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWAB, LISA 2600 GREENWOOD TERR G-212 BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HODSON, LYNDIA 2600 GREENWOOD TERRACE #G-112 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAAVERSEN, HORTENSIA 2600 GREENWOOD TERRACE #G-113 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 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: <i>Lisa A. Schwab</i> Lisa A. Schwab, President 2/1/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2390511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/14/07-80016-010 61.25