

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90071 019 ****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

215 Grand Boulevard

Suite, Apt. #, etc.

3. Mailing Address

215 Grand Boulevard

Suite, Apt. #, etc.

City & State

Sandestin, FL

City & State

Sandestin, FL

Zip

Country

32550

Zip

Country

32550

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

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

Name

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

215 Grand Boulevard

City

Sandestin

FL

Zip Code
32550

7. Name and Address of New Registered Agent

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

David Bell
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ACKLEY, ROBERT	
STREET ADDRESS	7 NORTH SUNSET BLVD.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, ROBERTA	
STREET ADDRESS	PO BOX 400	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOMENICK, ANDREANA	
STREET ADDRESS	9500 GOTTEN WAY	
CITY-ST-ZIP	GERMANTOWN TN 38139	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, JAMES	
STREET ADDRESS	775 HAYCART DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIRARD, ROBERT	
STREET ADDRESS	781 CUMBERLAND HILLS DRIVE	
CITY-ST-ZIP	HENDERSONVILLE TN 37075	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEAMON, CHARLES	
STREET ADDRESS	8637 EVENHURST DRIVE	
CITY-ST-ZIP	GERMANTOWN TN 38138	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSEE, REGAN	
STREET ADDRESS	11200 W 78th ST	
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, ROBERTA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, CLYDE	
STREET ADDRESS	1546 MAREMONT ROAD	
CITY-ST-ZIP	KNOXVILLE, TN 37918	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, JAMES	
STREET ADDRESS	725 HAYCART LANE	
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRARD, ROBERT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESENER, GUY	
STREET ADDRESS	1407 ALSHIRE COURT S	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	

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 Girard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

615 844-8626

CR2E037 (10/02)