

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005419

**FILED  
Mar 30, 2016  
Secretary of State  
CC2594852846**

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

**Current Principal Place of Business:**

10221 EMERALD COAST PKWY  
SUITE 23  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

10221 EMERALD COAST PKWY  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

**FEI Number: 59-3368858**

**Certificate of Status Desired: No**

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

GELDER, JAY B  
10221 EMERALD COAST PKWY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            FRYE, BOBBY R  
Address        10221 EMERALD COAST PKWY  
                 SUITE 23  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            SMITH, RAYMOND III  
Address        10221 EMERALD COAST PKWY  
                 SUITE 23  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            PTACHICK, ELISA  
Address        10221 EMERALD COAST PKWY  
                 SUITE 23  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            RATHER, JOLINDA  
Address        10221 EMERALD COAST PKWY  
                 SUITE 23  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            WEBER, LISA  
Address        10221 EMERALD COAST PKWY  
                 SUITE 23  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            VP  
Name            HILLARD, JAMES  
Address        10221 EMERALD COAST PKWY  
                 SUITE 23  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            MOMAN, RICHARD  
Address        10221 EMERALD COAST PKWY  
                 SUITE 23  
City-State-Zip: MIRAMAR BEACH FL 32550

*I hereby 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 all other like empowered.*

**SIGNATURE: BOBBY FRYE**

**PRESIDENT**

**03/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date