


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90047 009 \*\*\*\*61.25

<b>DOCUMENT # 719992</b>			
1. Entity Name <b>WINDMILL VILLAGE BY THE SEA RECREATION CENTER ASSOCIATION, INC.</b>			
Principal Place of Business <b>10850 S. OCEAN DR. JENSEN BEACH FL 34957</b>		Mailing Address <b>10851 S. OCEAN DR. JENSEN BEACH FL 34957</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2391406</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ROSS, DEBORAH L ESQ ROSS EARLE &amp; BONAN, PA 759 S. FEDERAL HWY, SUITE 212 STUART FL 34994</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	D RADIN, EDWARD J 10851 S OCEAN DR LOT 76 JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete	TITLE <b>PD</b> NAME STREET ADDRESS CITY ST ZIP	<b>THOMAS D. VOSS 70 AQUA RA DRIVE JENSEN BEACH, FL 34957</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD PRILL, DALE 24 AQUA RD DR JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY ST ZIP	<b>ROBERT G. STRALEY 10851 S. OCEAN DR #50 JENSEN BEACH, FL 34957</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD TOWNSEND, JEAN 10851 S OCEAN DRIVE # 54 JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY ST ZIP	<b>DAVID R. GRANT 10851 S. OCEAN DR #3 JENSEN BEACH, FL 34957</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD BRANN, ROBERT 107 AQUA RA DRIVE JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP	D GUITARD, ANNETTE 10851 S OCEAN DR #5 JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	TITLE <b>STD</b> NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/07 772-229-1724**  
Date Daytime Phone #