

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

06-08-2007 90001 019 \*\*\*\*61.25

<b>DOCUMENT # 721524</b> 1. Entity Name <b>WINDWARD SOUTH CONDO, INC.</b>					
Principal Place of Business <b>3845 SOUTH ATLANTIC AVENUE, #7 //</b> <b>DAYTONA BEACH SHORES, FL 32118 SH</b>			Mailing Address <b>3845 SOUTH ATLANTIC AVENUE, #7 //</b> <b>DAYTONA BEACH SHORES, FL 32118 SH</b>		
2. Principal Place of Business - No P.O. Box # <b>3845 SOUTH ATLANTIC AVE. #7</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>DAYTONA BEACH SHORES, FL</b>		City & State 		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32118</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHAKER, MARJORIE</b> <b>3845 SOUTH ATLANTIC AVENUE, #7</b> <b>DAYTONA BEACH SHORES, FL 32118</b>				7. Name and Address of New Registered Agent  Name <b>OLLINGER, PATRICIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3845 SO. ATLANTIC AVE. #11</b>  City <b>DAYTONA BEACH SHORES</b> <b>FL</b> Zip Code <b>32118</b>	
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 <u><i>Patricia Ollinger, Pres.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small> <b>PATRICIA OLLINGER, PRES.</b>				DATE <u>6/4/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE P NAME SHAKER, MARJORIE STREET ADDRESS 3845 SOUTH ATLANTIC AVENUE, #7 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118	<input checked="" type="checkbox"/> Delete		TITLE P NAME OLLINGER, PATRICIA STREET ADDRESS 3845 SO. ATLANTIC AVE. #11 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME RASALA, CHESTER STREET ADDRESS 3845 SOUTH ATLANTIC AVENUE, #7 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME CARLASARE, JOELYN STREET ADDRESS 3845 SOUTH ATLANTIC AVENUE, #7 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME OLLINGER, PATRICIA STREET ADDRESS 3845 SOUTH ATLANTIC AVENUE, #7 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP BOARD MEMBER D BUDDY LA COUR 123 ANCHOR DR. POMEE INLET, FL 32127	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME RASALA, FRANKIE A STREET ADDRESS 3845 SOUTH ATLANTIC AVENUE, #7 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME	<input 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 BOARD MEMBER D MARGE SHAKER 3845 SO ATLANTIC AVE. #7 DAYTONA BEACH SHORES, FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u><i>Patricia Ollinger, Pres.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>PATRICIA OLLINGER, PRES.</b>				Date <u>6/4/07</u> Daytime Phone # <u>386-788-7670</u>	