2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# 721524

Entity Name: WINDWARD SOUTH CONDO, INC.

Current Principal Place of Business:

3845 SOUTH ATLANTIC AVENUE, #11
DAYTONA BEACH SHORES, FL 32118 SH

New Principal Place of Business:

3845 SOUTH ATLANTIC AVENUE, #11
DAYTONA BEACH SHORES, FL 32118 US

Current Mailing Address:

3845 SOUTH ATLANTIC AVENUE, #7
DAYTONA BEACH SHORES, FL 32118 SH

New Mailing Address:

3845 SOUTH ATLANTIC AVENUE, #11
DAYTONA BEACH SHORES, FL 32118 US

FEI Number: 52-2220815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLLINGER, PATRICIA
3845 SOUTH ATLANTIC AVENUE, #11
DAYTONA BEACH SHORES, FL 32118 SH

Name and Address of New Registered Agent:

OLLINGER, PATRICIA
3845 SOUTH ATLANTIC AVENUE, #11
DAYTONA BEACH SHORES, FL 32118 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: PATRICIA OLLINGER 02/12/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OLLINGER, PARTICIA
Address: 3845 S ATLANTIC AVE 11
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 SH

Title: V ( ) Delete
Name: RASALA, CHESTER
Address: 3845 SOUTH ATLANTIC AVENUE, #7
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 SH

Title: T ( ) Delete
Name: CARLASARE, JOELYN
Address: 3845 SOUTH ATLANTIC AVENUE, #7
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 SH

Title: MBR ( ) Delete
Name: LACOUR, BUDDY
Address: 123 ANCHOR DR
City-St-Zip: PONCE INLET, FL 32127 SH

Title: D ( ) Delete
Name: RASALA, FRANKIE A
Address: 3845 SOUTH ATLANTIC AVENUE, #7
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 SH

Title: MBR ( ) Delete
Name: SHAKER, MARGE
Address: 3845 S ATLANTIC AVE 7
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA OLLINGER PRES 02/12/2008
Electronic Signature of Signing Officer or Director Date