
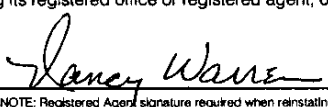


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90042 033 ****61.25

DOCUMENT # 726863 1. Entity Name WINDHOVER ASSOCIATION, INC.					
Principal Place of Business WINDHOVER CONDO ASSOC. 5987 WINDHOVER DR ORLANDO, FL 32819			Mailing Address WINDHOVER CONDO ASSOC. 5987 WINDHOVER DR ORLANDO, FL 32819		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1554595	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ASC PROPERTY SERVICES, INC. PO BOX 196025 WINTER SPRINGS, FL 32719			Name ENCORE Property Mgmt Street Address (P.O. Box Number is Not Acceptable) 75 GATLIN AVE. STE A City ORLANDO FL 32806		
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 NANCY WARREN				DATE 8/3/06	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, PAT 5987 WINDHOVER DR ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Patricia A. Haas 6128 Peregrine Ave. Orlando, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRUDELL, ROBERT 5987 WINDHOVER DR ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jean E. Carpenter 5987 Windhover Dr. Orlando, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, DAWN 5987 WINDHOVER DR ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lourdes Z. Marvez 6066 Peregrine Ave. Orlando, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRISON, TOM 5987 WINDHOVER DR. ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Winston G. Chisholm 5791 Peregrine Ave. Orlando, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RABICO, RUTH 5987 WINDHOVER DR ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATARRESE, LISA 5987 WINDHOVER DRIVE ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: Jean E. Carpenter, Treasurer 8-3-06 407-351- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Jean E. Carpenter					

50024468



08022006 Chg-NP CR2E037 (4/06)

Applied For
Not Applicable

Zip Code
32806

FL

5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Date

Daytime Phone #