2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006
Secretary of State

DOCUMENT# 727619

Entity Name: WINWARD LAKES MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6220 S DALE MABRY
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

6216 COMPASS LANE
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 59-2862189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARCIA, FRANK
6216 COMPASS LANE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MARCIA, FRANK	
Address:	6216 COMPASS LANE	
City-St-Zip:	TAMPA, FL 33611	
Title:	VP	( ) Delete
Name:	BLAU, ROBIN	
Address:	6222A COMPASS LANE	
City-St-Zip:	TAMPA, FL 33611	
Title:	S	( ) Delete
Name:	NAGEL, LENORA	
Address:	3722 YARDARM DRIVE	
City-St-Zip:	TAMPA, FL 33611	
Title:	T	( ) Delete
Name:	BASTING, DONNA	
Address:	3706 ANCHOR DRIVE	
City-St-Zip:	TAMPA, FL 33611	
Title:	BD	( ) Delete
Name:	BASTING, EARL	
Address:	3706 ANCHOR DRIVE	
City-St-Zip:	TAMPA, FL 33611	
Title:	BD	( ) Delete
Name:	MILLS, WILLIAM	
Address:	3705 YARDARM DRIVE	
City-St-Zip:	TAMPA, FL 33611	

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:	BD	(X) Change ( ) Addition
Name:	BODY, DAN	
Address:	3724 BINNACLE DRIVE	
City-St-Zip:	TAMPA, FL 33611	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: MARCIA, FRANK P 03/21/2006

Electronic Signature of Signing Officer or Director — Date