2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT_(AR)

DOCUMENT # 728570 Secretary of State 1. Entity Name 02-20-2006 90054 012 ****61.25 WINDEMERE HOUSE ASSOCIATION, INC. Principal Place of Business Mailing Address 250 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483-6752 60 VENETIAN DRIVE DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-1860355 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERGIO'S PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) **60 VENETIAN DRIVE** DELRAY BEACH FL 33483 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 Addition VPD TITLE Delete KERN, KEITH B NAME NAME 250 S. OCEAN BLVD., UNIT 269 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-7/P CITY-ST-ZIP ☐ Change **X**iiAddition TITLE TITLE Delete PATTERSON, DOROTHY W NAME NAME 250 SOUTH OCEAN BLVD UNIT 264 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-7/P ☐ Channe TITLE Delete TITLE GROSSMAN, JENNIFER NAME NAME STREET ADDRESS 250 S OCEAN BLVD UNIT 262 STREET ADDRESS CITY-ST-7IP DELRAY BEACH FL 33483 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

ST-ZIP

Liberaby 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

Vice Paesida

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED

Feb 20, 2006 8:00 am