

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90026 027 ****61.25

DOCUMENT # 728570

1. Entity Name
WINDEMERE HOUSE ASSOCIATION, INC.



Principal Place of Business
**250 SOUTH OCEAN BOULEVARD
DELRAY BEACH, FL 33483-6752**

Mailing Address
**2710 FLORIDA BLVD
DELRAY BEACH, FL 33483**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1860355

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEXEL, STEVEN
2710 FLORIDA BLVD
DELRAY BEACH, FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PAGANS, GERRY**
STREET ADDRESS **250 S OCEAN BLVD UNIT 267**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **VPD** ☐ Delete
NAME **MARTINEZ, VICENTE**
STREET ADDRESS **250 S OCEAN BLVD UNIT 274**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **T** ☐ Delete
NAME **GARDELLA, DEAN**
STREET ADDRESS **250 S OCEAN BLVD UNIT 258**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **DS** ☐ Delete
NAME **PATTERSON, DOROTHY**
STREET ADDRESS **250 S. OCEAN BLVD #264**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dean Gardella **DEAN GARDELLA** 7/8/08