## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #739560**

1. Entity Name



**FILED** Jan 17, 2008 8:00 am Secretary of State 01-17-2008 90025 035 \*\*\*\*61.25

Signature, types or surrest arregitative a special and tice if substitution   Signature and surrest attemption and state		VINDS CONDOMINIUM AS	SOCIATION, INC.				
Suite. Apt #, etc.    Suite. Apt #, etc.   Suite. A	650 N. ATLA	NTIC AVE.	650 N. ATLANTIC AVE			B 2000 B200 B1600 B1600 B1600 B1600	I BIBII BRANKAL BR IBBI
City & State  Country  Country  Secretificate of Status Desired  Replication  Replication  Secretificate of Status Desired  Replication	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address				
S9-1847678   S9-	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E037 (1:	2/06)
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  10. Name  10. Name  10. Name  10. Name and Address of New Registered Agent  10. Name  10. OFFICERS AND DIPECTORS  10. OFFICERS AND DIPECTORS  10. OFFICERS AND DIPECTORS  10. Signature  10. OFFICERS AND DIPECTORS  10. Signature  10. OFFICERS AND DIPECTORS  10. Size of Address  10. OFFICERS AND DIPECTORS  10. OFFICERS  10. OFFICERS  10. OFFICERS  10. OFFICERS  10. OFFICERS  10. OFFICERS  10. OF	City & State		City & State			· · · · · · · · · · · · · · · · · · ·	<del></del>
CLAYTON & MCCULLOH 1065 MATTLAND, FL 32751    City   FL   Zp Code   City   Tp Code   City   Tp Code   City   Tp Code   City   Tp Cod	Zip	Country	Zip	Country	5. Certificate of Status De		
CLAYTON & MCCULLOH JOSS MAITLAND CENTER COMMONS BLVD.  MAITLAND, FL 32751  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  Filling Fee is \$61.25  Due by May 1, 2008  Prust Eurod Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  WILL STRET ADDRESS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  What I 1, 22 CEDAR GLEN DR  SIRRET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  What I 1, 22 CEDAR GLEN DR  SIRRET ADDRESS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  What I 1, 22 CEDAR GLEN DR  SIRRET ADDRESS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  What I 1, 22 CEDAR GLEN DR  SIRRET ADDRESS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  What I 1, 22 CEDAR GLEN DR  SIRRET ADDRESS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  What I 1, 22 CEDAR GLEN DR  SIRRET ADDRESS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  What I 1, 22 CEDAR GLEN DR  SIRRET ADDRESS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  What I 1, 22 CEDAR GLEN DR  SIRRET ADDRESS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  What I 1, 22 CEDAR GLEN DR  SIRRET ADDRESS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  SIRRET ADDRESS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  DECRET ADDRESS  TO NOT A 11 ADDITIONS COMPANY AND COMPANY A		6. Name and Address of Current	Registered Agent	Name	7. Name and Address o	New Registered Agent	l
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 increased agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.	1065 MAIT	FLAND CENTER COMMONS B	LVD.				
The obligations of registered agent.  SIGNATURE  Signatus, types or turned some of registered agent and loce in absolute about the property of				City		FL Z	Zip Code
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Due by May 1, 2008	SIGNATURE	Signature, typed or txinted name of registered agent	and title if applicable (NC	TE. Registered Agent signal	re required when reinstating)	DATE	·
TITLE VP KITAIN, RICK INAME RICH RICH RIAME RICH RICH RICH RICH RICH RICH RICH RICH	₹,,		t .				
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NAME  COX, NANCY 650 N. ATLANTIC AVE., 704  CITY-ST-ZIP COCOA BEACH, FL 32931  CITY-ST-ZIP  COCOA BEACH, FL 32931  CITY-ST-ZIP  CHange Addition  STREET ADDRESS CITY-ST-ZIP  COCOA BEACH, FL 32931  CITY-ST-ZIP  C	NAME STREET ADDRESS	VP KITAIN, RICK 1622 CEDAR GLEN DR APOPKA, FL 32712 P VANDER VEEN, JUNE 650 N ATLANTIC 608	<b>⊠</b> Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P Whalen, Michael 650 N. Atlantic Ave Good Beach, FL 329 S GAYLE Andrews 650 N. Atlantic Ave.	文(  3   3   5   5	Change
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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.