

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90174 002 ****61.25

DOCUMENT # 742137

1. Entity Name
**WINDWARD CONDOMINIUM ASSOCIATION OF VERO
BEACH, INC.**



Principal Place of Business
**ELLIOTT MERRILL COMM. MGMT.
1105-12TH STREET
VERO BCH, FL 32960 US**

Mailing Address
**835 20TH PLACE
VERO BCH, FL 32960 US**

40049843



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1919384

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MERRILL, KAREN
835 20TH PLACE
VERO BEACH, FL 32960**

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 May 1, 2007

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	<input type="checkbox"/> Delete
NAME	BURDEN, JAMES	
STREET ADDRESS	2155 GALLEON DR #E-2	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BROWNE, THOMAS	
STREET ADDRESS	2165 GALLEON DR. #H-2	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORMLY, JEAN	
STREET ADDRESS	1155 REEF RD. #B1	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOMBERG, WILLIAM	
STREET ADDRESS	2165 CALLEON DR G4	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DISTASIO, JOSEPH	
STREET ADDRESS	2165 GALLEON DR. #G-1	
CITY-ST-ZIP	VERO BEACH, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PATTERSON, JR, CARLETON	
STREET ADDRESS	1155 REEF RD #A3	
CITY-ST-ZIP	VERO BEACH, FL 32963	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERSCHEL JOAN	
STREET ADDRESS	1155 REEF RD BS	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEBB, ED	
STREET ADDRESS	2165 GALLEON DR GS	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSACK, EILEEN WALSACK, EILEEN	
STREET ADDRESS	2155 GALLEON DR ES	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James D. Burden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 7, 2007 3:
Date Daytime Phone #

772-234-6803