
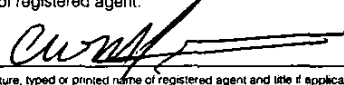


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90074 031 ****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 | | |
| 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 | | |
| 4. FEI Number 59-1919384 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 Charles McKinnon Street Address (P.O. Box Number is Not Acceptable) 3055 Cardinal Dr Ste 302 City Vero Beach FL 32963 | | |
| 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  DATE 3-7-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BURDEN, JAMES 2155 GALLEON DR #E-2 VERO BEACH, FL 32963 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Eileen Walsack 2155 Galleon Dr. #E5 Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HERSCHEL, JOAN 1155 REEF RD B5 VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Joan Browne 2165 Galleon Dr. # H-2 Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GORMLY, JEAN 1155 REEF RD. #B1 VERO BEACH, FL 32963 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS Gormly, Jean 1155 Reef Rd #B1 Vero Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLOMBERG, WILLIAM 2165 CALLEON DR G4 VERO BEACH, FL 32963 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT HEBB, ED 2165 GALLON DR 65 VERO BEACH, FL 32963 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PATTERSON, JR, CARLETON 1155 REEF RD #A3 VERO BEACH, FL 32963 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 JAMES D. BURDEN 02/03/08 772.234.0803 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |