## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 742137**

FILED Mar 05, 2009 Secretary of State

Entity Name: WINDWARD CONDOMINIUM ASSOCIATION OF VERO BEACH, INC.

**Current Principal Place of Business: New Principal Place of Business:** ELLIOTT MERRILL COMM. MGMT. 1105-12TH STREET VERO BCH, FL 32960 **New Mailing Address: Current Mailing Address:** 835 20TH PLACE VERO BCH, FL 32960 US FEI Number: 59-1919384 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKINNON, CHARLES 3055 CARDÍNAL DR STE 302 VERO BEACH, FL 32963 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BURDEN, JAMES Name: Name: 2155 GALLEON DR #E-2 Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: () Delete Title: () Change () Addition BROWNE, JOAN Name: Name: Address: 2165 GALLEON DR H-2 Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: DS () Delete Title: (X) Change ( ) Addition GORMLY, JEAN GORMLY, JEAN Name: Name: Address: 1155 REEF RD B1 Address: 1155 REEF RD B1 City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963 ( ) Delete Title: Title: () Change () Addition Name: BLOMBERG, WILLIAM Name: 2165 CALLEON DR G4 Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: () Delete Title: VPT (X) Change ( ) Addition HEBB, ED Name: Name: HEBB, ED 2165 GALLON DR 65 2165 GALLON DR 65 Address: Address: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition PATTERSON, JR, CARLETON PATTERSON, JR, CARLETON Name: Name: Address: 1155 REEF RD #A3 Address: 1155 REEF RD #A3 VERO BEACH, FL 32963 VERO BEACH, FL 32963 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BURDEN P 03/05/2009