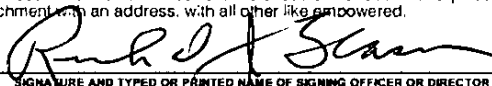


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90021 026 ****61.25

DOCUMENT # 742319 1. Entity Name WINDSONG CONDOMINIUM ASSOCIATION, INC., OF FORT MYERS BEACH					
Principal Place of Business 2335 TAMiami TRAIL N STE 505 NAPLES, FL 34103 US			Mailing Address 2335 TAMiami TRAIL N STE 505 NAPLES, FL 34103 US		
2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01052008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1972639				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GULF VIEW PROPERTY MGMT. INC. 2335 TAMiami TRAIL, N STE 505 NAPLES, FL 34103			7. Name and Address of New Registered Agent 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's signature required when registering.) DATE _____					
Filing Fee is \$61.25 Due by May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SYKORA, DEE 2727 SO LAKE SHORE DR. # H30 SAINT JOSEPH, MI 490852968	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD GLAZER, RICHARD 3420 SLEEPY HOLLOW LANE BROOKFIELD, WI 53005	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GLAZER, RICHARD, 3420 SLEEPY HOLLOW LANE, BROOKFIELD WI 53005 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STAHL, WILLIAM 7530 OAK AVE. GARY, IN 46403	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD STAHL, WILLIAM, 4906 WATERS EDGE DR., VALPARAISO IN 46383 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SPAETH, JOYCE 23134 COCONUT SHORES DR. BONITA SPRINGS, FL 34134	☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CANCELLIERE, JOSEPH 31 BYWATER CT FALMOUTH, MA	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CANCELLIERE, JOSEPH, 31 BYWATER COURT, FALMOUTH MA 02540 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D NEWTON, ANNE 2713 WESTMINSTER WAY HUNTSVILLE, AL 35801	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD NEWTON, ANNE, 2713 WESTMINSTER WAY HUNTSVILLE AL 35801 ☒ Change ☐ 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: 			4/1/08 239 403 7991		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day-Mo-Phone #		