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	Mailing Address
2335 TAMIAMI TRAIL N STE 505 NAPLES, FL 34103 US	2335 TAMIAMI TRAIL N STE 505 NAPLES, FL 34103 US

01052008 Chg-NP CR2E037 (12/06)

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 59-1972639 ☐ Applied For ☐ Not Applicable

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
GULF VIEW PROPERTY MGMT. INC. 2335 TAMIAMI TRAIL, N STE 505 NAPLES, FL 34103	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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	☒ Change ☐ Addition TD GLAZER, RICHARD, 3420 SLEEPY HOLLOW LANE, BROOKFIELD WI 53005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STAHLE, WILLIAM 7530 OAK AVE. GARY, IN 46403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition VPD STAHLE, WILLIAM, 4906 WATERS EDGE DR., VALPARAISO IN 46383
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	☒ Change ☐ Addition D CANCELLIERE, JOSEPH, 31 BYWATER COURT, FALMOUTH MA 02540
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWTON, ANNE 2713 WESTMINISTER WAY HUNTSVILLE, AL 35801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PD NEWTON, ANNE, 2713 WESTMINSTER WAY HUNTSVILLE AL 35801

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: Richard A Glazer 4/1/08 2394037991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #