

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742319

FILED
Mar 09, 2009
Secretary of State

Entity Name: WINDSONG CONDOMINIUM ASSOCIATION, INC., OF FORT MYERS BEACH

Current Principal Place of Business:

2335 TAMIAMI TRAIL N
STE 505
NAPLES, FL 34103 US

New Principal Place of Business:

26370 HICKORY BLVD
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

2335 TAMIAMI TRAIL N
STE 505
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1972639 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MGMT. INC.
2335 TAMIAMI TRAIL, N
STE 505
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

Title: SD () Delete
Name: SYKORA, DEE
Address: 2727 SO LAKE SHORE DR, # H30
City-St-Zip: SAINT JOSEPH, MI 490852968

Title: TD () Delete
Name: GLZAER, RICHARD
Address: 3420 SLEEPY HOLLOW LANE
City-St-Zip: BROOKFIELD, WI 53005

Title: VPD () Delete
Name: STAHLE, WILLIAM
Address: 4906 WATER EDGE DR.,
City-St-Zip: VALPARAISO, IN 46383

Title: D () Delete
Name: CANCELLIERE, JOSEPH
Address: 31 BYWATER CT
City-St-Zip: FALMOUTH, MA

Title: PD () Delete
Name: NEWTON, ANNE
Address: 2713 WESTMINISTER WAY
City-St-Zip: HUNTSVILLE, AL 35801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LARSON, CANDACE
Address: 26370 HICKORY BLVD
City-St-Zip: BONITA SPRINGS,, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ANNE NEWTON

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date