

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742319

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

26370 HICKORY BLVD  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**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: VPD  
Name: ANDERSON, CANDACE  
Address: 26370 HICKORY BLVD  
City-St-Zip: BONITA SPRINGS,, FL 34134

Title: TD  
Name: GLASER, RICHARD  
Address: 3420 SLEEPY HOLLOW LANE  
City-St-Zip: BROOKFIELD, WI 53005

Title: D  
Name: HAINES, ALLAN  
Address: 26370 HICKORY BLVD  
City-St-Zip: BONITA SPRINGS,, FL 34134

Title: SD  
Name: CANCELLIERE, JOSEPH  
Address: 31 BYWATER CT  
City-St-Zip: FALMOUTH, MA

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

I hereby 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 all other like empowered.

SIGNATURE: ANNE NEWTON

PD

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date