2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#746419

FILED Mar 26, 2009 Secretary of State

Entity Name: WINDWARD COVE CONDOMINIUM ASSOCIATION, INC.

Current Pr	rincipal Place of Business:	New Principal Place of Business:
5157 SILENT LOOP NEW PORT RICHEY, FL 34652 US		5157 SILENT LOOP
		318 NEW PORT RICHEY, FL 34652 US
Current Mailing Address:		New Mailing Address:
5157 SILEN NEW POR	NT LOOP T RICHEY, FL 34652 US	5157 SILENT LOOP 318 NEW PORT RICHEY, FL 34652 US
FEI Number:	59-1954088 FEI Number Applied For () FEI Nu	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		
5157 SILEN	L, BARBARA NT LOOP 217 T RICHEY, FL 34652 US	STILLWELL, BARBARA 5157 SILENT LOOP 217 NEW PORT RICHEY, FL 34652 US
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:		03/26/2009
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	VP () Delete WONG, GEORGE J 5157 SILENT LOOP #301 NEW PORT RICHEY, FL 34652	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete STILLWELL, BARBARA 5157 SILENT LOOP #209 NEW PORT RICHEY, FL 34652	Title: T (X) Change () Addition Name: STILLWELL, BARBARA Address: 5157 SILENT LOOP #217 City-St-Zip: NEW PORT RICHEY, FL 34652
Title: Name: Address: City-St-Zip:	DAL () Delete CADDY, TOM 5157 SILENT LOOP 213 NEW PORT RICHEY, FL 34652	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete ELVERA, KOEHNKE 5157 SILENT LOOP #203 NEW PORT RICHEY, FL 34652	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	P () Delete PASSANISI, ROSEMARIE 5157 SILENT LOOP #316 NEW PORT RICHEY, FL 34652	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: BARBARA STILLWELL TREA 03/26/2009