2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# 746475

Entity Name: WINDSWEPT CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2203 N SURF RD
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

C/O EDWARD G. FRAZEE
2203 N SURF RD
HOLLYWOOD, FL 33022

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, STUART R ESQ
7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 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: PD ( ) Delete
Name: FRAZEE, EDWARD G
Address: 2203 N SURF ROAD
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD ( ) Delete
Name: FRAZEE, ALPHA JOYCE
Address: 2203 N. SURF RD.
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD ( ) Delete
Name: FRAZEE, ALPHA JOYCE
Address: 2203 N SURF ROAD
City-St-Zip: HOLLYWOOD, FL 33019

Title: TD ( ) Delete
Name: FRAZEE, ALPHA JOYCE
Address: 2203 N SURF ROD
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAMELA J. SCHWER CPA 02/28/2009

Electronic Signature of Signing Officer or Director — Date