

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90350 003 \*\*\*\*61.25

40049874



<b>DOCUMENT # 747970</b> 1. Entity Name WINDSONG AT AMELIA ISLAND PLANTATION CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O AMELIA ISLAND MGMT 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034			Mailing Address C/O AMELIA ISLAND MGMT 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2168855	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREGORY, DAVID			Name		
AMELIA ISLAND PLANTATION			Street Address (P.O. Box Number is Not Acceptable)		
3000 FIRST COAST HIGHWAY					
AMELIA ISLAND, FL 32034			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNYDER, ROBERT		NAME	Howard, Richard R.	
STREET ADDRESS	8915 ETCHINGH OVERLOOK		STREET ADDRESS	2280 Chester Springs Road	
CITY-ST-ZIP	DULUTH, GA 30097		CITY-ST-ZIP	Chester Springs, PA 19425	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, NEAL		NAME		
STREET ADDRESS	1432 WINDSONG VILLAS		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, JACK		NAME		
STREET ADDRESS	1404 WINDSONG VILLAS		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, NATHANIEL		NAME		
STREET ADDRESS	826 UNION ST., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS, LA 70112		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOCH, DONALD L		NAME		
STREET ADDRESS	4 MUIRFIELD LN.		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 641412355		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			Date: 3/13/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # _____		