


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90027 037 ****61.25

| | |
|---|---|
| DOCUMENT # 748944 |  |
| 1. Entity Name WIND HARBOR HOMEOWNERS ASSOCIATION, INC. | |

| | |
|---|---|
| Principal Place of Business 1701 WIND WILLOW ROAD P O BOX 592155 ORLANDO, FL 32859 US | Mailing Address P. O. BOX 592155 ORLANDO, FL 32859 US |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02062006 Chg-NP CR2E037 (11/05)

| | |
|--|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
|--|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent |
| MAGEE, JAMES M 226 HILLCREST ST ORLANDO, FL 32801 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| 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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BOETTINGER, GEORGE <input checked="" type="checkbox"/> Delete 7614 LAKE DR ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LUCEY, DANIEL <input type="checkbox"/> Delete 1707 WIND WILLOW RD ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ENNIS, THOMAS <input type="checkbox"/> Delete 1708 WIND WILLOW RD ORLANDO, FL 32809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GUY, PATRICE <input type="checkbox"/> Delete 1809 WIND WILLOW RD ORLANDO, FL 32809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SHUCK, KARL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1650 WIND WILLOW RD ORLANDO FL 32809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 *Karl F. Shuck* **KARL F. SHUCK** 2/10/2006 407-855-6483