

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90148 028 ****61.25

DOCUMENT # 754599

1. Entity Name

WINDWARD POINT CONDOMINIUM ASSOCIATION AT BAY BEACH, INC.



Principal Place of Business

Mailing Address

**400 LENELL ROAD
OFFICE
FT. MYERS BCH. FL 33931**

**400 LENELL ROAD
OFFICE
FT. MYERS BCH. FL 33931**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0262260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESTER, JOY
400 LENELL ROAD UNIT 508
FT MYERS BCH FL 33931**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VP
SAMMUT, TOM
1251 OAK AVE
WEST ISLIP NY 11795** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TOMBRAGAL, HARVEY
6263 EAGLES LK DR
CINCINNATI OH 45248** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.
Joy Lester
400 Lenell Rd Unit 104
Fort Myers Beach, FL 33931** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
VACCARI, ANTHONY
85-96 SANTIAGO ST
HOLLISWOOD NY 11423** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LESTER, JOY
231 CHRYSLER RD APT 36-
OSCADA MI 33931** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S.
Kay Zych
38056 Villa Mar
Harrison Twp MI 48045** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GKANAK, CONNIE
400 LENELL RD #201-
FT MYERS BEACH FL 33931** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T.
Robert Cavanaugh
103 G.H. Baker Dr
Urbana, IL 61801** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:

Joy Lester, Joy Lester

04/24/06 239 4637721