

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90034 004 ****61.25

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1. Entity Name

**WINDWARD POINT CONDOMINIUM ASSOCIATION AT BAY
BEACH, INC.**



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-0262260

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SAMMUT, TOM
400 LENELL ROAD
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, 2008**

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
**P
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
**S
MINNIS, GARY
10766 CREEKSTONE CT
CENTERVILLE OH 45458** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Pres ☒ 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
**Vice Pres
Gary Lindetam
7939 Ridge Rd #14
Lake Shore, MN 56468** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ZYCH, KAY
38056 VILLA MAR
HARRISON TOWNSHIP MI 48045** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sec.
Gayle Boyden
4596 Manitow Rd
Tonka Bay, MN 55381** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CAVANAUGH, ROBERT
103 GH BAKER DR
URBANA IL 61801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #