


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90007 012 ****61.25

DOCUMENT # 755016

1. Entity Name
WINDWARD ON THE GULF I, INC., A CONDOMINIUM



Principal Place of Business Mailing Address

41 NAVAJO TRAIL **41 NAVAJO TRAIL**
WEST MILFORD, NJ 07480 **WEST MILFORD, NJ 07480**

DO NOT WRITE IN THIS SPACE



07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2060533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEBONA, HENRY
2000 GULF BLVD #12
INDIAN ROCKS BEACH, FL 34635

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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 _____ DATE _____

Print or typed name of registered agent and the filer appears. (If filer is not stated agent signature should have been obtained)

Filing Fee is \$61.25
Due by September 14, 2007

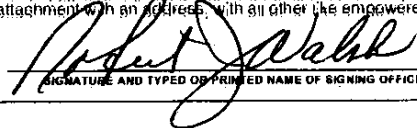
9. Election Campaign Changing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEBONA, HENRY 2000 GULF BLVD #12 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LIGARSKI, ROBERT 2000 GULF BLVD. #7 INDIAN ROCKS BCH., FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALSH, ROBERT 41 NAVAJO TRAIL WEST MILFORD, NJ 07480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/07 973-697-7311

DATE TELEPHONE NUMBER