

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755958

FILED
Apr 02, 2006
Secretary of State

Entity Name: WINDFALL MANOR OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

522 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

C/O RUBY MANAGEMENT, INC
425 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

FEI Number: 59-2390423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBY, DONNA
425 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAREK, SUZANNE B
Address: 526 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA EBAHC, FL 32169

Title: D () Delete
Name: BODNAR, FRANCIS
Address: 528 S ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: SCHMIDT, JORG H
Address: 520 S. ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BCH., FL

Title: PD () Delete
Name: TIMKO, KATIE
Address: 608 WESTCHESTER DR
City-St-Zip: DELAND, FL 32724

Title: ST () Delete
Name: RUBY, DONNA F
Address: 425 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: HOPPER, SHELTON
Address: 524 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA F RUBY

S/T

04/02/2006

Electronic Signature of Signing Officer or Director

Date