

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90217 035 ****61.25

DOCUMENT # 756670

1. Entity Name
WINDWARD EAST PROFESSIONAL BUILDING, INC.



Principal Place of Business
**3000 NO ATLANTIC AVE
COCOA BEACH, FL 32931**

Mailing Address
**3000 NO ATLANTIC AVE
COCOA BEACH, FL 32931**



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2071802

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KESSEL, C V JR
3000 N ATLANTIC AVENUE
COCOA BEACH, FL 32931**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROBBEN, L WAYNE 3000 N ATLANTIC AVE COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KESSEL, C V, JR 3000 N ATLANTIC AVE COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHAN, JOAN C PH# 4, 750 N ATLANTIC AVE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEHTON, ROBERT E 3000 N ATLANTIC AVE # 101 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

C.V. Kessel Jr Secretary

1/9/2007 (321) 783-1880