2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# 756734

Entity Name: WOODWIND BEACH, INC.

Current Principal Place of Business:

P. O. BOX 211
BOCA GRANDE, FL 33921 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 211
BOCA GRANDE, FL 33921 US

New Mailing Address:

FEI Number: 59-2329219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURRI, COLLEEN F
430 E. RAILROAD AVENUE
BOCA GRANDE, FL 33921 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: VP ( ) Delete
Name: BEAUCHAMP, CAROL
Address: 303 TOWNSEND PL
City-St-Zip: ATLANTA, GA

Title: OD ( ) Delete
Name: STEINMAN, BILL
Address: P.O. BOX 246
City-St-Zip: BOCA GRANDE, FL 33921

Title: TD ( ) Delete
Name: BLEMKER, ANN DR
Address: 501 STATE RD 67
City-St-Zip: VINCENNES, IN 47591

Title: SD ( ) Delete
Name: GREEN, ESTELLE
Address: P.O. BOX 1326
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change ( ) Addition
Name: JOYCE, WILLIAM
Address: 30 EQUESTRAIN WAY
City-St-Zip: LEMONT, IL 60439

Title: P (X) Change ( ) Addition
Name: STEINMAN, BILL
Address: P.O. BOX 246
City-St-Zip: BOCA GRANDE, FL 33921

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 Section 119.07(3)(i), 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: WILLIAM STEINMAN PRES 04/22/2005

Electronic Signature of Signing Officer or Director — Date