

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758765

FILED
Mar 27, 2006
Secretary of State

Entity Name: WINDWARD WAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2131700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. SR 434, STE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: KOSCIANSKI, LARRY
Address: 15771 WINDWARD WAY CIR #4102
City-St-Zip: FORT MYERS, FL 33908

Title: VPD () Delete
Name: HUGHES, MIKE
Address: 15761 WINDWARD WAY CIRCLE # 3302
City-St-Zip: FORT MYERS, FL 33908

Title: STD () Delete
Name: HUNDRIESER, CHARLOTTE
Address: 9105 OAK PARK AVE
City-St-Zip: MORTON GROVE, IL 60053

Title: D () Delete
Name: GIBBONS, BETTY
Address: 15781 WINDWARD WAY CIR, #5201
City-St-Zip: FT. MYERS, FL 33908

Title: D () Delete
Name: HENNELLY, JOHN
Address: 15761 WINDWARD WAY CIR #3204
City-St-Zip: FT MYERS, FL 33908

Title: D () Delete
Name: DALTON, COLLEEN
Address: 2724 S. QUINN STREET
City-St-Zip: CHICAGO, IL 60608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: HENNELLY, JOHN
Address: 15761 WINDWARD WAY CIRCLE # 3204
City-St-Zip: FORT MYERS, FL 33908

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

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

Title: D (X) Change () Addition
Name: THELEN, DON
Address: 3820 W 106TH ST
City-St-Zip: CHICAGO, IL 60655

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: LARRY KOSCIANSKI

PD

03/27/2006

Electronic Signature of Signing Officer or Director

Date