2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
05 OCT 28 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05

T. Roberts OCT 31 2005

DOCUMENT # 759206

1. Entity Name
WINDOVER OF COCOA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1050 NORTH FISKE BLVD COCOA, FL 32922	1050 NORTH FISKE BLVD COCOA, FL 32922

10062005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
Windover Of Cocoa	
Suite, Apt. #, etc. 1050 N. Fiske Blvd.	Suite, Apt. #, etc.
City & State Cocoa, Florida	City & State
Zip 32922 County Brevard	Zip / Country

4. FEI Number
59-2119717
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSLEY, CURTIS R 1221 E NEW HAVEN MELBOURNE, FL 32901	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $61.25
After January 1, 2006, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAWYER, BILL 115 INDIAN RIDER DR COCOA, FL 32922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400060581154 10/13/05--01054--005 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HUNTER, BILL S 787 NASSAU RD. COCOA BEACH, FL 32931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MOLITOR, JUDITH 1171 INDIAN RIVER DR. COCOA, FL 32922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIES, RUTH 1300 ST. ANDREWS ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIERCE, DON 3068 SUNSET CT COCOA, FL 32922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: William Sawyer Oct. 7, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bill Sawyer Oct 26 2005