

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-09-2007 90005 034 ****61.25

DOCUMENT # 759206 1. Entity Name WINDOVER OF COCOA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business WILLIAM C. SAWYER 115 CARRIGA N BLVD MERRITT ISLAND FL 32952			Mailing Address 1050 N FISKE BLVD OFFICE COCOA FL 32922		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2119717	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARKLE, JOSEPHINE 1050 N FISKE BLVD #401 COCOA FL 32922				7. Name and Address of New Registered Agent 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Josephine Markle</i> <small>Signature, typed or printed name of registered agent and title is applicable.</small> </div> <div style="width: 40%;"> <i>Josephine Markle</i> <small>(NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 20%; text-align: right;"> 3-2-07 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAWYER, BILL	NAME			
STREET ADDRESS	115 CARRIGAN BLVD	STREET ADDRESS			
CITY - ST - ZIP	MERRITT ISLAND FL 32952	CITY - ST - ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNTER, BILL S	NAME			
STREET ADDRESS	787 NASSAU RD.	STREET ADDRESS			
CITY - ST - ZIP	COCOA BEACH FL 32931	CITY - ST - ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOLITOR, JUDITH	NAME			
STREET ADDRESS	1171 INDIAN RIVER DR.	STREET ADDRESS			
CITY - ST - ZIP	COCOA FL 32922	CITY - ST - ZIP			
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIES, RUTH	NAME			
STREET ADDRESS	1300 ST. ANDREWS	STREET ADDRESS			
CITY - ST - ZIP	ROCKLEDGE FL 32955	CITY - ST - ZIP			
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERCE, DON	NAME			
STREET ADDRESS	400 MONALOA CT	STREET ADDRESS			
CITY - ST - ZIP	MERRITT ISLAND FL 32953	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>William C. Sawyer</i>		3-23-07 453-7843 <small>Case Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					