

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759206

FILED
Jul 14, 2008
Secretary of State

Entity Name: WINDOVER OF COCOA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

WILLIAM C. SAWYER
115 CARRIGA N BLVD
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

1050 N FISKE BLVD
OFFICE
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-2119717 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARKLE, JOSEPHINE
1050 N FISKE BLVD
#401
COCOA, FL 32922 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: P () Delete
Name: SAWYER, BILL
Address: 115 CARRIGAN BLVD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: HUNTER, BILL S
Address: 787 NASSAU RD.
City-St-Zip: COCOA BEACH, FL 32931

Title: V () Delete
Name: MOLITOR, JUDITH
Address: 1171 INDIAN RIVER DR.
City-St-Zip: COCOA, FL 32922

Title: O () Delete
Name: DAVIES, RUTH
Address: 1300 ST. ANDREWS
City-St-Zip: ROCKLEDGE, FL 32955

Title: O () Delete
Name: PIERCE, DON
Address: 400 MONALOA CT
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: SARA VO, LOUIS
Address: 6936 LOG JAM CT.
City-St-Zip: OCOEE, FL 34761

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

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 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: WILLIAM C. SAWYER

P

07/14/2008

Electronic Signature of Signing Officer or Director

Date